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ABSTRACT

This manual describes the academic and clinical curricula used for the past several years in a child mental health specialist training program. The materials focus on: (1) philosophy of the training program: (2) skills and competencies needed by child mental health specialists: and (3) orientation activities for the trainees. The program is divided into several components including administration, academic curricula, clinical experience, and evaluation and assessment. The appendices contain curriculum outlines, individual course contents and bibliographies, sample evaluation forms, degree requirements, and clinical curriculum and record-keeping forms. Descriptions of field experiences located in close proximity to the training program's location in Camarillo, California, are also provided. (Author/HLM)

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A MODEL TRAINING PROGRAM
FOR A NEW CHILD-CARING PROFESSIONAL
FOR
A BROAD SPECTRUM OF SERVICES
IN CHILD MENTAL HEALTH AND EDUCATION

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TRAINING MANUAL

FINAL REPORT TO THE NIMH
Grant Number 5 T21 MH 13426-04

By

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APPENDIX II

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PART ONE: THE PHILOSOPHY

CHAPTER I

BACKGROUND AND NEED

BACKGROUND AND NEED

It has only been in the last thirty to forty years that it became generally recognized that the vast majority of adult neuropsychiatric hospital patients do not need custodial care, but that in most instances they can be effectively treated. Partly in response to this recognition a number of new professions were developed including: psychiatry, psychology, social work, mental health nursing, and psychiatric aide or technician. Of less recent origin is the awareness that the treatment of mentally disordered or delinquent children is not similar to the treatment of mentally disordered adults. This awareness, in turn, led to the development of a number of programs by various facilities and organizations for the specific training of a new kind of professional--the Child Mental Health Specialist--who possesses special skills in working with emotionally disturbed or delinquent children. To date, however, in contrast to other professions, no standardized set of criteria has been determined for the training of such individuals.

In view of the fact that there are many tens of thousands of children who need expert assistance--statistics range anywhere from two to five percent and higher--it will be necessary to train thousands of persons who are specialists in child mental health care just as it was necessary to train thousands of professionals who treat adults. Because of the large numbers of professionals to be trained, it is of prime importance that before a large variety of training programs makes it difficult to evaluate the qualifications of the various graduates, a standardized training program for these new professionals is developed. The general aim of such a standardized training program would be to train specialists in child care who will work primarily in applied clinical settings. Thus, it would integrate academic knowledge about, for instance, psychopathology and the treatment of emotionally disturbed or delinquent children with the needs of the practicing clinician. Even more important, a standardized program must satisfy the demands of the situations for which it was developed. These demands are intimately related to the responsibilities which a Child Mental Heclth Specialist must assume if he or she is to deal effectively with children, especially problem children. As a result, it is necessary to define what a Child Mental Health Specialist is. The present article addresses itself to this definition as well as to the definition of the general components of a standardized training program.

A Child Mental Health Specialist is defined as a person who is capable of dealing with the whole child rather than a person who concentrates on pathology and specific treatment techniques. A Child Mental Health Specialist is a person who is able to interact with the total child. He is aware of developmental dynamics and not only of static pathology and specific techniques. As a result, a Child Mental Health Specialist needs special skills. A child is not a small adult. The behavior of disturbed children must be understood as a kind of symbolic language. It is their way of saying that they are unhappy and distressed. It requires an ability to interpret the symbolic language of a disturbed child in order to know how to treat such a child effectively. A Child Mental Health Specialist, therefore, is trained to:

1. Treat the total child with his many-faceted needs.
2. Relate to the child with the empathy and sensitivity of an ideal parent, some of the information and knowledge of a teacher, and the basic skills and tools of a child therapist.
3. Treat the child with the sophistication to understand the symbolic meaning of the children's behavior as expressed in their daily interaction with peers and grown-ups.

4. Respond to these symbolic communications in a manner which would lead to a successful restructuring of the child's emotional life.

5. Absorb the tremendous frustrations which result from spending many hours daily with disturbed children in intimate conditions.

The type of person capable of providing this type of treatment, therefore, will provide for the children a personal genuineness, an ability for intellectual and affective sympathy, a warm unconditional regard even while restructuring certain behavioral consequences, an ability to communicate, to differentiate, to handle crises, and an ability to gain from learning experiences.

A number of professions such as child psychiatrists, special education teachers, play therapists, speech therapists, and child psychologists have very specialized skills in dealing with particular problems which disturbed children have. What is often forgotten is the fact that the child is a total being who not only needs specialists for special needs, but also and primarily needs a generalist for total needs. This is especially important in terms of the day-to-day care of and association with disturbed children.

In addition to the above requirements, it is necessary to look at the significant variables of both the clinical and the academic components of the program. These include:

1. The types of emotionally disturbed and delinquent children with whom the Child Mental Health Specialist will be working.

2. The types of child care facilities in which the graduate Child Mental Health Specialist will be working.

A statewide survey of the type of child care facility in which a Child Mental Health Specialist could be working shows that there are roughly thirty-eight different types. These facilities range from settings with normal children such as day care centers, nursery schools, kindergarten, public school classes, and children's wards in general hospitals, to the whole range of facilities for emotionally disturbed and delinquent children, to special education classes, to foster homes, to children's clinics, to special day care centers, to residential care and custodial care units, including minimum security camps, to holding centers for juvenile delinquents, as well as maximum security units.

The type of child for whom the above child care facilities are responsible, generally, present the following problems:

1. Mental retardation.
2. Neurotic types of emotional disorders.
3. Psychotic types of emotional disorders.
4. Acting-out types of behavior disorders (of relatively recent occurrence, e.g., less than three years).
5. Juvenile delinquency types of behavior disorders (youngsters who have been in contact with the law).
6. Behavior disorders associated with drugs.
7. Neurologically impaired types of disorders.
8. Other physical impairments.
9. Personality type disorders (of more enduring occurrence, e.g., more than three years).
10. Educational and vocational types of disorders.

Of course, each of these categories could be subdivided into subcategories. For instance, the mentally retarded could be divided into teachable retarded and trainable retarded.

The clinical component of the standardized training program also should reflect the needs of child care facilities in terms of dealing with the children for whom they are responsible. As a result, it is necessary to make a nationwide survey of the different types of child care facilities and determine what the needs of the different facilities are in terms of personnel training. In general, the clinical training needs should reflect the "practice" needs of the Child Mental Health Specialist.

The academic training material, on the other hand, reflects the existing state of knowledge in the field of child care and of specific child problems as in those areas listed above. A standardized approach would involve a survey of the scientific literature in order to determine what information is available and what aspects are stressed.

In addition to reflecting the current state of knowledge in the academic area and the current state of treatment practices in facilities, a standardized program also needs to reflect current academic and treatment trends as well as current training procedures. As a result, it is also necessary to survey the different training programs and to analyze what aspects are being stressed in such programs.

The analyses of statewide existing types of child care facilities shows that the different facilities require trained personnel with differences in degree of training. For instance, a day care center for normal preschool children does not need the same level of trained personnel as a facility that treats delinquent adolescents. In addition, within each type of child care facility different levels of child care personnel are also required.

In the case of a day care center, the person in charge of the center would need a higher level of training than the "line" Child Mental Health Specialist. The analysis of the data at the state level shows that in order to accommodate the needs of the various facilities, the training of Child Mental Health Specialists needs to be done at four different levels. The responsibilities of the different levels of Child Mental Health Specialists would be as follows:

LEVEL I

Trained personnel at Level I would be able to deal adequately with children with only minimal problems. This type of personnel, for instance, would be suitable to operate foster homes and day care centers for normal or minimally disturbed or delinquent children.

LEVEL II

Level II type personnel would be competent to carry out activity and treatment programs under professional supervision. Such programs would provide maximum personal growth and development of emotionally disturbed or delinquent children and adolescents. The focus of such programs would be on preparing these children for a workable interaction with the community. Level II Specialists would also engage in routine tasks which involve intensive work with small groups of children or individual children, generally of ages up to seventeen. These Level II Child Mental Health Specialists would be competent to work in structured daily activities which are planned for the children's rehabilitation. They would be able to establish a supportive and trustful relationship with the children and to provide a role model of acceptable behavior. They would be able to assist the children in working through negative behavior patterns and to help them develop impulse control and new and constructive adaptations of life experiences. These Level II Child Mental Health Specialists would be competent to train children in social and self-help skills. They would be able to utilize therapeutic approaches of other treatment staff by integrating specific therapeutic experiences in daily living routines as well as to carry out specific treatment techniques under professional direction. They would be able to function also as an assistant in special remedial programs or as an assistant therapist in day treatment centers, in therapeutic nursery schools, or in day care centers.

LEVEL III

Child Mental Health Specialists at the higher Level III degree of training would be able to assume more responsible roles in managing children regardless whether these children are in Satellite Homes, in day treatment centers, in therapeutic nursery schools, or in day care programs for more disturbed children. This type of trained personnel could be in charge of a number of programs such as therapeutic nursery school programs, day care programs, or special remedial training programs. They also would be able to do psychotherapy with children under professional supervision. The Level III Child Mental Health Specialist would be employable in schools, in day treatment centers, and in residential centers in a supervisory capacity.

LEVEL IV

The Level IV training would be mainly for people who would be able to function as program directors and administrators in residential and day treatment centers for both emotionally disturbed or delinquent children and adolescents. They would be able to be in charge of remedial centers and therapeutic nursery schools. Of course, they also would be able to function as surrogate parents in Satellite Homes and would be able to supervise and train other people who are less experienced.

The major aim of the training of Child Mental Health Specialists is to train people who have received a breadth of training at each of the four levels of competency. Such breadth is partially provided by teaching them skills from a variety of professions such as psychiatry, psychology, penology, speech therapy, nursing, and teaching. This type of breadth in training has the significant advantage that, through exposure to a wide variety of professional approaches and emphases, and through exposure to interdisciplinary teamwork, parochialism in teamwork will be avoided. Thus, because of the versatility in training, the Child Mental Health Specialist will be able to function in a multitude of roles. Such a trained person, therefore, will be prepared to work in any type of child care facility available or to become available.

As mentioned above, the aim of training Child Mental Health Specialists is to train personnel who will work in applied settings. Thus a prerequisite for the success of a standardized training program is that such a program first of all needs to be applied or clinically oriented, and only secondarily academically oriented. The significance of this lies in the fact that the trainee will receive clinical experiences from the very first day that he or she is enrolled in the program. In other words, the trainee receives firsthand experience in clinical pathology, and only then will this experience be complemented by a more formal academic course content. A successful Child Mental Health Specialist program which trains personnel for employment in applied settings, therefore, reverses the customary order in which more traditional types of programs usually are presented. Rather than make the academic aspect the primary function with the clinical experience as a separate, fragmented entity, the proposed program stresses immediate clinical learning that will be integrated with relevant and congruent theoretical learning. Such integration can be achieved by insuring that participating teachers in the program are clinically experienced and, whenever feasible, that they actually function professionally in settings where the academic component of their responsibilities is secondary rather than primary. Because of the "generalist" role for which the Child Mental Health Specialist needs to be prepared, it is of the utmost importance that the trainee receives his training in a wide variety of child care facilities. The Child Mental Health Specialist must be a well-trained person with experience in all spectrums of child care. Thus, the clinical training should comprise approximately seventy-five percent of his total training time.

In order to provide the differences in intensity or degree of training which will be necessary to supply staff at the different levels discussed above for various child care facilities, the training program is proposed as a four-step program.

The first step is a one-year, very generalized training program for Level I Child Mental Health Specialists who would deal with children needing only temporary or brief attention, or children having minor problems. Specifically, the program would train personnel to staff day care centers for normal children, drop-in centers and crash-pad centers. In addition, the program could be used for training foster parents or other people taking care of children at nontreatment levels. The Level II type of training would be at a junior college level. The Level III training would be at the baccalaureate level with a major in Child Mental Health Specialist. The Level IV Child Mental Health Specialist would be at the Masters Degree level, possibly combined with a degree in special education.

As discussed above, the training procedures are based on the principle that the Child Mental Health Specialists should be trained primarily in a variety of practical settings where they receive firsthand experiences with the behavior of both normal and emotionally disturbed and delinquent children and adolescents. Only after the trainee has received firsthand gut learning and has experienced the different pathologies which are exhibited by the emotionally disturbed and delinquent children will he receive the academics which are related to these pathologies.

CHAPTER II

PHILOSOPHY OF THE TRAINING PROGRAM

A. PHILOSOPHY OF THE TRAINING PROGRAM

B. EMERGING SKILLS, COMPETENCIES, NEW FUNCTIONS AND ROLES IN THE TRAINING OF THE CHILD MENTAL HEALTH SPECIALIST

C. COMPETENCIES NEEDED TO FUNCTION IN A RESIDENTIAL CARE FACILITY

PHILOSOPHY OF THE TRAINING PROGRAM

One of the experiences that stands out above all others from many years of working with children has been the observation that the care, treatment, clinical management, and education of disturbed children is as good as the person who provides that care during most of the child's waking hours. Unfortunately, our tradition has been to assign the least trained and the least clinically sophisticated personnel to work in direct contact with these children. They are the primary caregivers, but the lowest paid, the lowest in prestige, and the lowest ranking on the hierarchal scale of staffing in institutional settings such as state mental hospitals, day treatment centers, day care centers, Head Start, and in settings for the rehabilitation of delinquent children within the Juvenile Justice System such as the Juvenile Hall. No special requirements exist, at the present time, to qualify a person for child care work. No standards of training of child care workers have been developed, no standards of care, and no code of ethics to guide their work as is required, for instance, of teachers.

However critical one may be of the state of affairs of educating children in public schools, and however outduted the present training of teachers may be for educating children in the postindustrial era, a college education and one or two years of graduate work is a minimum requirement for teaching credentials. The teacher is required to be familiar with the age-appropriate curricula for any given group of children. The teacher is required to master the methodology of teaching, and to be guided by a code of ethics in the classroom, and to follow certain professional standards. No such requirements for education or training exists in regard to standards of care and treatment of disturbed children. No credentials or other qualifications, or licensure, or code of ethics exist for child care workers--notwithstanding the fact that the care and clinical management of disturbed children is a much more complex and arduous undertaking than teaching normal children in a public school. Such omission at our present stage of civilization is an astonishing oversight on the part of our society--an unspoiled heritage in its pristine quality, preserved intact from the Middle Ages. Through such an omission our society conveys a loud and clear message: Millions of children are expendable.

Unfortunately, and tragically, the message is not limited to our disturbed children. It potentially involves every child of school age and the mental health of every future adult. In short, it involves the psychological survival of our society from a future historical perspective. Society's oversight of the most downtrodden of its children is only an extension of its oversight of the importance of helping children develop their psychological potential as part of their compulsory education in public schools: the integration of the affective components with the cognitive and social aspects in the education of children in public schools during the first fifteen or more years of life. One suspects that the same psychodynamic forces that preserved and island of the Middle Ages in respect to standards of care for severely disturbed children are the same forces that have made us blind to the need for helping develop the psychological potential and for integration of affective components along with the development of the intellectual potential of our children.

The philosophy underlying the concept of the new child care professional has been the experience that anyone who plans on a career of dealing with children in either clinical or educational settings needs to develop a child-centered attitude, commitment, and a coherent viewpoint of the child's developmental, social, psychological, emotional, and educational needs, as reflected in the writings of Winnicott, Spitz, Bowlby, Erikson, Piaget, and others. Such a person needs to acquire basic knowledge in the life sciences such as the functional aspect of the central nervous system, with special emphasis on the three brains and the arousal system, the biochemistry that mediates their functions, and basic understanding of the pharmacology now in use to influence a child's behavior. Familiarity with basic knowledge and understanding of the clinical, psychological, and social sciences is indispensable, as is basic knowledge and skills in the education and communication sciences.

In our program we prefer instructors of academic subjects to be clinically active staff at the Children's Treatment Center, or at least that they have a background of clinical training and experience. But any university or college has competent instructors in these various disciplines available for teaching such subjects. The knowledge of these subjects can be taught in academic settings; but the process aspect of the training needs to be carried on in a clinical setting where students learn not only to apply the knowledge which they have gained in the academic classes, but where there is an opportunity to also become aware of the process component of their training through the help of individual supervisors.

However important a role the acquisition of knowledge and skills in these interdisciplinary subjects plays in the training and in the competent functioning of the new child care professional, they are overshadowed by the need to emphasize the process of the training, the process of child caring, and the process involved in the education and clinical management of disturbed children.* The clinical curriculum, therefore, has to emphasize the process component of training and provide the students with teachers and supervisors who could make them aware of the process that goes on in clinical settings dealing with disturbed children. Seminars conducted by well-trained and clinically experienced consultants in such subjects as sensitivity training, psychodrama, family therapy, group therapy, parent and teacher effectiveness training, can be very helpful to develop this awareness in the students. However important the seminars are in helping develop in the trainees process awareness, the clinical activities, particularly as they relate to the one-to-one involvement of trainees with children, are of crucial importance for the trainees to experience the process on a gut level.

The clinical activities of the students, from the day they are enrolled in the training program, are, therefore, part of the core of the curriculum. But this is only the beginning. From the moment they join the program, they are thrust into a very complex milieu where several levels of professionals and paraprofessionals, with various degrees of training, competencies and skills, interact with children, among themselves, with administrators, and with various agencies in the community. It is difficult for any student to escape the impact of this experience. Unless those responsible for their training, which includes all levels of staff and supervisors, teachers, coordinator, and director of training, focus on the processes and help the students with the working through of their anger, frustration, feelings of incompetence and inadequacy, which the children, staff, and other personnel provoke in them, they will not learn how to deal with these feelings during the training, and even less so later on when dealing with children in clinical settings and their families in the community in a professional capacity. Child care workers routinely complain about their "burned-out" feeling after a few years of work with disturbed children. This burned-out feeling may be the result of not having learned how to deal with and work through such gamut of feelings which severely disturbed children provoke in us in life-space situations in clinical settings.

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* In clinical management is implied Winnicott's concept of "emotional holding" of a disturbed child, or Redl's concept of "life-space interview and providing emotional first aid."

Clinical rotation services are an integral part of the curriculum. It is mandatory that each student spend a minimum of twenty hours a week in direct work with individual and groups of children under staff supervision. Each student goes through six rotations of four months' duration each throughout the two-year training period. Usually, but not necessarily, the first two rotations are served at the Children's Treatment Center. All the other rotations may be served in various facilities and community agencies. One such four-month rotation service is available through the Los Angeles Childrens Hospital to get training and experience under supervision in psychological care for normal children who are hospitalized for medical and surgical reasons. Students may opt to rotate through the Developmental Disability Clinic at the University of California, Los Angeles, Medical School to develop skills in dealing with developmentally disabled children during infancy and toddler age. There are a number of other clinical and educational facilities available to our students for rotation services in various nearby communities such as continuing services for children in a community mental health center, probation departments, community day treatment and residential care facilities, Satellite Treatment Homes, community adolescent treatment centers, learning centers for educationally handicapped, and many other clinical and educational facilities within a radius of ten to fifty miles.

The curriculum, both clinical and academic, needs to be flexible, dynamic, and eclectic in its contents. It is continuous over a twenty-four month period with minor periodic interruptions of a few days' duration during Christmas, Eastertime, and a few days during the summer vacation after completion of a certain number of clinical rotation services.

The Child Mental Health Specialist training curriculum comprises clinical and academic, contents, and process components. Each of these plays an essential role in the training of the future child care professional. Of the various components, the academic is the easiest to teach, the process component and the awareness of it the most difficult to learn. It is the ongoing process in the training of the new professional and the explicit awareness of it that will determine the level of compentency and the degree of effectiveness of the future child-caring professional. The academic knowledge and the clinical contents of the curriculum are instruments in the service of process mastery. The various components are singled out only to emphasize the need for their integration and the need for a holistic approach to the care, treatment, and education of children. The parts of the whole training tapestry are singled out to make the trainee aware of the contribution which each of the components makes to his training and to prepare him to become a competent professional in the child mental health field.

The traditional way of training of child psychotherapists, e.g., or, for that matter, any psychotherapist, requires personal supervision by experienced therapists. Very often the trainee in psychotherapy is, in addition, expected to undergo a didactic psychoanalysis. This is needed not only for the future therapist to become aware of his own conflicts, blind spots, and to get an understanding of the working of unconscious forces, but also to heighten his awareness of the processes involved in his psychological and psychodynamic functioning and of the process of psychotherapy to alert him to his own resistances and countertransference forces which may interfere with the therapeutic process.

In the training of child care workers, teachers, and other line staff who work in direct contact with children, the need to become aware of intra- and interpersonal processes that go on in any encounter between adult and child, or any other two people, has been overlooked. This is especially the case in institutional settings and even in small group homes. The tendency, particularly in institutions, is ever present for staff on all levels to act out subtly, and sometimes not so subtly, one's own psychopathology without the person or even other staff becoming aware of it. If one considers the various degrees of training, or lack of training, and the different levels of competencies which various staff members bring into such a treatment facility, and if one also takes into consideration the various degrees of psychopathology which all of us bring into such a setting, it is not difficult to recognize how this could interfere with the development of a therapeutic milieu which is the rationale of existence of residential treatment settings. It is not always possible to avoid such acting-out behavior on the part of the staff. To some extent, it may go on even in well-managed institutional settings. The point is that the awareness of its presence and its potential ubiquitousness should be a requirement of anyone who works with children in any setting. To create such awareness in the child mental health trainee requires special resourcefulness and ingenuity on the part of the staff, the supervisors, and the teachers. The effort to make the student aware of the internal and interpersonal processes needs to be an ongoing one and pervade every area of training and can be developed into a focus in all supervisory activities, all clinical seminars dealing with psychodynamics of child development, child psychopathology, family therapy and group treatment seminars. Role playing, psychodrama, and sensitivity training can be used with benefit in such a training program. No other single curriculum component can be used with comparable effectiveness for developing clinical competencies in the future child care professional.

The interdisciplinary nature of, and approach to, the training of the child mental health professional has been emphasized in our training program as an integral part of our training philosophy. The student needs to become aware during his training years that competition, parochialism, hierarchal structure have no place when dealing with children in the mental health field. Also, since the Child Mental Health Specialist is to be a generalist, the interdisciplinary nature of the training will help the trainee develop and integrate the various and versatile skills which are now fragmented and distributed among several professions: educators, psychologists, social service workers, child psychiatrists, occupational therapists, etc. We have made a special effort to select instructors not only from the various disciplines but also representing different viewpoints in the same discipline.

In years to come, public and private educational systems, where children spend the biggest chunk of their waking hours during the first fifteen or more of their developmental years, will need to reach the largest possible numbers of children in a preventive mental health effort. In such settings the greatest effort will be directed towards helping children develop their full psychological potential in preparing them for dealing with complex problems in a highly developed technological society. The Industrial Age needed a sophisticated society which required of its members the mastery of the three R's and, as a result, brought in its wake compulsory education. It may be assumed that the postindustrial revolution, which is producing a far more complex society, will require of its members a high level of intellectual, psychological, and social integration which could only be accomplished by a mentally healthy society. It will require, therefore, an educational system for our children which will provide them with an open-ended opportunity to develop their full psychological potentials and prevent its foreclosure, as it now often is the case.

The new child mental health professional who is trained to deal with the education in the cognitive area is also trained to integrate it with an affective component in the classroom process. He will have the awareness of the teaching process in the classroom and will develop the know-how of how to use the process of preparing children for positive mental health needed to meet the demands of a complex society. He will become an indispensable faculty member in every public and private school system. We also need to remember that our new professionals we are now training will develop their peak efficiency around the turn of the century and will be functioning as teachers and clinicians in the twenty-first century. The current curriculum is a beginning only which will require further refinement and standardization in years to come. But we no longer can postpone the development of such a professional in the child mental health field.

Thus, graduates of the Child Mental Health Specialist Training Program can opt for a career as teachers for normal and disturbed children, or for a career as clinical child care professionals, or for a career in both fields consecutively or alternately. The underlying philosophy of the Child Mental Health Specialist Training Program is the concept that normality may be conceived as a continuum at one end of which are the extremely disturbed children, and at the other end of which are the "ideally normal" ones. It is also based on the knowledge that there is no mentally disturbed person who does not have some islands of normality, and normal people who do not have some neurotic hang-ups, and that even the most normal among us cannot escape brief periods of irrational feeling, thinking, and behavior.

The clinical management of disturbed children is the most difficult and most challenging aspect of the training. Once the student has gone through such a training period, there is no reason why other skills and competencies should not be added to the curriculum to make the new professional a versatile, multifaceted, interdisciplinary generalist who could be effective in dealing with children in a variety of settings and develop the capacity to meet the developmental needs of children on a broad spectrum continuum of normal and exceptional children. The core curriculum for the training of the new professional in a clinical setting dealing with clinical problems is in the tradition of training medical doctors and psychiatrists. Training in child psychopathology and learning disabilities prepares the new professional for a better understanding of normal developmental needs and will help him develop a high degree of motivation to promote positive mental health in children in any setting--educational or clinical.

One of the results of our experience with the Child Mental Health Specialist Training Program has been the emergence of a three-year program by combining the two-year core curriculum towards a B.S. Degree with a major in psychology with an additional one year involving academic classes and clinical and educational work such as student teaching. Graduates from this three-year program, in addition to the skills they have acquired in clinical management of disturbed children in child caring, have also acquired the ability to teach and may qualify for a California Teaching Credential and for the Special Education Specialist Credential for the Learning Handicapped and/or Severely Handicapped. Thus, the Child Mental Health Specialist in the undergraduate program, by adding another year to his training on the graduate level, is preparing himself for a career in teaching as well as in clinical work.

A few of our students who have completed their CMHS training on an Associate of Arts level have continued for an additional two years' training on the B.S. Degree level. These students who are now graduating with a B.S. Degree after completing a total of four years of training have now decided to go on with the training on a graduate level towards a Masters Degree.

A four-year training program, two years of undergraduate study and clinical work followed by two additional years of training on a graduate level for a total of four years, is now in preparation at the California State University at Northridge, starting at the junior year on the undergraduate level and continuing until graduating with a Masters Degree. Such a four-year training program would allow the students to receive training in the clinical sciences, psychological sciences, life sciences, and educational and communication sciences, and will prepare the trainee for a higher level of sophistication in direct work with children. This four-year academic program will be integrated, like the two-year training program now in existence at the University, with clinical and educational direct work with children under supervision in clinical and educational settings.

From this experience a final prototype training curriculum is now emerging which is described in Appendix I - Volume II of this report. In the present training manual academic and clinical curricula are described which the Camarillo Child Mental Health Specialist Training Program has been using for the past several years.

EMERGING SKILLS, COMPETENCIES, NEW FUNCTIONS AND ROLES IN THE TRAINING OF THE CHILD MENTAL HEALTH SPECIALIST

A broadly conceived interdisciplinary new professional in the child mental health field is emerging from the Child Mental Health Specialist Training Program, now in its eighth year. It is reasonable to assume that this new, versatile, multifaceted child care professional may, in years to come, have a significant impact on the care, clinical management, and rehabilitation of disturbed children in clinical settings as well as on normal children in educational settings. A teacher who had spent between two thousand and three thousand hours of doing clinical work with a broad spectrum of disturbed children under expert supervision will, forever, if properly trained, be aware of the need to foster positive mental health in children in their ecological home environment, in public and private schools, on playgrounds, and wherever he is called upon to deal with children. A Child Mental Health Specialist whose training was grounded in psychodynamics of child development will not look at a disturbed child for whose care he is responsible in a clinical setting as an appendix to his brain damage, schizophrenia, or mental or other social disability; but he will look at him as being handicapped in a certain phase of his development as a total functioning child with a potential for rehabilitation. The new professional will not refer the child to a psychologist for psychological or educational testing since he will be capable of performing this task himself and will come up with more comprehensive results based on his intimate knowledge and clinical and educational assessment of the child on a day-to-day contact with him and his interaction in his life-space functioning.

The new interdisciplinary professional will have a more comprehensive grasp of the child's problems based on his familiarity with the multifactional contributions to the shaping of the child's personality: the genetic-biological, the developmental-psychological, the environmental, and the child as a member of a family unit and as a member of the larger society.

The Child Mental Health Specialist who chooses to teach in a public school will not, because of his basic training in psychodynamics of child development and child psychopathology, look at the child as a small adult who is expected to think, to feel, and to behave in adultomorphic ways. Such a teacher will carry away from the training the need to understand the child as a growing human being who is continually and flexibly adapting his learning and coping skills in line with his own individual maturing process. He will not be pressed into a process of adult-type thinking and behaving until he has reached the stage of maturing which will enable him to understand the adult environment. In the role of a teacher, the child mental health professional will bring a new dimension to the classroom: the awareness of his role in the process of teaching and of the role in the process of learning on the part of the children; the awareness that this is a process of mutual growth on the part of the child as well as, and particularly, on the part of the teacher. This awareness will have developed and sharpened during the clinical training period of the future Child Mental Health Specialist--teacher.

It is reasonable to assume that the postindustrial era will expect and need a differently functioning adult in a society vastly more complex than was created by the needs of the industrial era. While we do not know what demands society will make on its individual adult members in twenty or thirty years from now, those of us who, over the past three decades, have been dealing on a day-to-day basis with the enormous problems of rehabilitating disturbed children and adults have come to the realization that a great effort has to be directed towards helping children develop their full psychological potential as children and adults. A massive and comprehensive effort needs to be made and directed towards preventing mental and social disabilities--long before these disturbances have hardened into semipermanent or permanent personality distortions or periodic malfunctioning.

Such an effort, to be successful, needs to be all encompassing, at least on a scale comparable to the all-out efforts which were made years ago to eradicate preventable childhood diseases--on a scale comparable to prevention which was made in regard to preventive malnutrition and various nutritional deficiencies in children and adults--and, finally, on a scale comparable to the introduction of compulsory elementary education. Such efforts could include preparing children, beginning at junior high, to become future parents through courses in functional child development and family dynamics, principles of mental health, etc.

Our training program has demonstrated that the new, interdisciplinary professional can be trained within a three-year period to develop basic skills in all these areas, and to perform interchangeably or simultaneously the various functions in all areas connected with the growth and development of children towards becoming mentally healthy adults. The period of training need not be longer than the time it takes to produce a teacher from the time of graduation from high school to the time of getting his Masters Degree in education and teaching credentials. Neither need the cost to the taxpayer be greater to produce the new child mental health professional than the cost of producing a teacher.

The training program can be made comprehensive and flexible enough to prepare the future child care professional to develop competencies in three broad, different categories:

> In the educational, the clinical, and the social field in various community agencies.
>
> In activities in which the child mental health professional could function fairly autonomously, and in activities in which the new professional would function supplemental to or augmentative of other mental health professionals in the three fields.
>
> The assumption of autonomy means that the work will be adjunctive to other mental health activities; but, nonetheless, the person could be expected to perform at a relatively high level of proficiency.

As pertains to the educational area, the new professional will be educated and trained to:

> Teach exceptional children in varied clinical and/or special public school settings and normal children in public and private schools.
>
> Teach functional child development in public schools, starting at the junior high school level, as a way of preparing high school students for future parenting; coordinating work assignments in day care centers, Head Start, as an essential part of such courses.
>
> Function as program directors in:
>
> > Head Start;
> >
> > Day care and day treatment centers;
> >
> > Other early preschool educational settings such as therapeutic nursery schools.
>
> Serve in public school systems in such a way to provide consultation to either teaching personnel of normal children or those

who are teaching special education classes to either the emotionally disturbed or learning disabled.

Augment existing mental health personnel of the school by supportive, supplemental services to the children whom they will perhaps see in frank psychotherapeutic relationships.

Program and conduct therapeutic activities of children, e.g., some of the expressive therapies: such as play therapy or drama, or music kinds of activities which provide opportunity for both catharsis and innerpersonal growth.

Organize perceptual-motor activities or efforts at rehabilitation as pertains to assumed aptitude training relative to specific learning disabilities.

As pertains to the clinical area, the new care professional will be trained to develop competencies in:

Group leadership of emotionally disturbed and delinquent children in a variety of settings such as:

Day treatment centers;

Group treatment in homes;

Satellite Treatment Homes;

Residential treatment;

In hospitals or outside of hospitals such as:

Detention homes;

Rehabilitation camps;

Youth Authority schools, etc.

Guidance and management of individual children in residential settings during the "other twenty-three hours" through emotional first help on the spot and clinical exploitation of life events with the help of life-space interviewing techniques.

Developing and administering treatment programs in various residential or day treatment settings.

Teaching child development in colleges and universities.

Training pediatric nurses and paraprofessional personnel in pediatric departments.

Developing skills to provide psychological care for hospitalized normal children for surgical or medical intervention in general or pediatric hospitals.

As pertains to the area of community activities, the new professional will be trained to develop skills and competencies in:

Parent effectiveness training.

Conducting family therapy when children are involved.

Skills required in areas of child abuse, prevention, and intervention following abusive behaviors as well as other crisis intervention strategies in other areas of endeavor.

Functioning as a member of a team serving in obstetrical and pediatric situations, for anticipatory guidance of mothers in facilitating mother-infant relationships in regard to the satisfaction of mutual needs, to prepare mothers in parenting of infants at risk and developmentally disabled infants.

Child Advocacy.

Reference: Golden, Beverly. Proposal for Masters Level Curriculum of Child Mental Health Specialists.

COMPETENCIES NEEDED TO FUNCTION IN A RESIDENTIAL CARE FACILITY

Roles and functions of child caring in clinical settings have been described in the literature of the last thirty years or so, notably by Berlin, Szurek, Boatman, Rieger, Redl and Wineman, Bettelheim, Trishman, et al., Guindon, LeMay, and others. Some of these authors have written predominantly about the care of psychotic or borderline psychotic children, others have dealt mostly with so-called delinquent or socially maladaptive children and adolescents, and a few had experience in dealing with both psychotic and delinquent children and young people. Some of the writings about the roles and functions of the child care person are as pertinent today as when they were written more than two decades ago. Other writers of recent years, particularly by members of the French-Canadian school of the Psycho-Educateur, have a freshness and elegance in describing the functions of the Educateur which cannot be improved upon if applied to the Child Mental Health Specialist in his roles and functions in a residential care facility.

In the following the roles and functions of the new child care professional in residential care facilities will be described along the lines of Dr. LeMay's description for the Psycho-Educateur.

The new child care professional embodies and integrates the professional aspects of the psychologist, social service worker, and teacher: As a psychologist, he tries to understand the child's behavior. As a social worker, he adapts his knowledge of social problems to the needs of the child's environment and the relationships which develop in that environment. He is like a teacher in being concerned with such problems as discipline, regulations, and the acquisition of habits as he teaches his children the "art of living." In addition, the child care professional is a specialist in leisure-time activities. And, finally, he is a parent substitute who must recognize, control, and utilize as much as possible such problems as transference inherent in such a role.

Perhaps the most distinctive feature of the child care professional is that, in all his roles, he lives with the children and must interact with them in all their daily activities. The therapeutic possibilities thus available to him require of him certain essential attitudes. Fritz Redl and David Wineman have described some of these. They include:

-intentional lack of awareness

-physical proximity and control by touching

-greater show of affection

-assistance at opportune moments

-regrouping

-direct appeal

-removal of the child in certain situations

-formal permission and refusal

-threats and punishments

-intervention whenever appropriate

-emotive participation or interest shown in what the child is doing

-relief of tension by humor

-interpretation as intervention

-reorganization of an activity

-restrictions in the use of space and objects

-physical restraint

-promises and rewards

The child care professional needs to be trained to use various techniques of interchange in order to enable the child to have an "apprenticeship" in more suitable relationships with those he is in close proximity to on a day-by-day basis. The care person-child relationship is "managed" by making use of the transference phenomenon. The transference provides an opportunity for the child to relive emotions and anxieties which rise not from the immediate situation but from former object relationships. To derive the most benefit from such situations, the therapist in this case--the child care professional--must adopt a certain number of attitudes based essentially on one of benevolent neutrality and on the deliberate control of the relationship. In order to show up the contradiction between the child's ideas and his emotional reactions, the child care professional plays none of the roles being transferred upon him by the child. Unlike the psychotherapist, however, the child care professional does not center his relationship with the child on this phenomenon of transference. Indeed, he acts directly on the child's ego by utilizing daily events. One of the factors often lacking in the environment of a maladjusted child is the identification with an adult which also includes feelings of being loved and accepted and the encouragement to make his own values and standards.

Other factors which are missing in the socially maladjusted child's environment include opportunities to benefit from worthwhile recreation, opportunities to establish ties with a community other than his parents, a nondisintegrating family structure, and an economic security for basic needs. These factors directly influence the child's conduct and the evolvement of his relationships. Thus, the child care professional must engage simultaneously in individual and group work. To do so he must have certain fundamental skills. These include a sympathetic attitude for establishing a friendly and trusting atmosphere. This means that the child care professional has to use his intelligence; he must be sensitive, have a capacity to empathize and be able to show controlled emotion. He must have tact and a feeling for nuances. He must be cautious in knowing which topics will not be destructive to the strength of the child's ego; and, of course, he must be capable of being an attentive listener in order to permit real expression on the part of the child and to avoid making hasty conclusions.

One very specific aspect of the child care professional's profession is the ability to know, recognize, and utilize certain behaviors or actions right at the moment it emerges during the course of daily life with the child. The overall responsibilities of the child care professional living on a daily basis with his children are varied. Some may seem very minor and thus run the risk of having their fundamental importance overlooked and therefore forgotten. Such responsibilities might include sleeping in a dormitory or supervision of the cleanliness of bodies and clothing, which directly attain to the acquisition of social practices. In his reeducative role, the child care professional must be a game player. He must lead profoundly disturbed children towards a level of maturity sufficient to permit them a certain degree of autonomy. However, since these goals of child care are not established on a hierarchical basis but rather intertwined to make up a whole, it is difficult to precisely define the role of the child care professional.

One dangerous aspect of the role is that it places the child care professional in situations which can reactivate old conflicts which stem from his own infancy. This can be seen in the high frequency of resignation among child care professionals. These resignations are not so much due to the frequently exhausting pattern of work, overloaded schedules, insufficient lodging, etc., but are more the consequence of emotional conflicts too intense to be tolerated.

There is also the painful impression of not always arriving at one's goals. The child care professional, like anyone else, hopes to get part of his motivation from satisfactions experienced in the course of his work; but reactions of maladjusted children are difficult to foresee.

Fatigue is a very real factor in the profession of the child care professional. A succession of things, relatively minor in themselves, can cause the child care professional to become very sensitive and on edge, therefore running the risk of interfering with his work. Often a particular failure with a particular child who seems to progress satisfactorily with another staff member may hurt him and could in turn cause the child care professional to turn on his colleagues in an aggressive fashion.

Nevertheless, the teamwork that exists around the child care professional system is one of the things contributing to its richness. It serves as a meeting ground of various specialists (psychiatric technicians, nurses, child care professionals, teachers, specialized teachers, social workers, psychologists, psychiatrists, etc.) all of whom have clearly defined areas of activities yet inevitably overlap, thus providing a vital sort of check and balance system.

The teamwork existing in the child care professional system did not occur by chance. Team members must share:

-a conception along the general laws of development of the human being

-efforts to understand reciprocal work goals and fundamentals

-recognition of the necessity for leadership

-a common emotional "in tuneness" with this common activity

-a common conception of work

-a genuine respect for other professions, even though collaboration may often prove difficult

-a certain common training

-common support for the general concept, while also recognizing the difficulties

The child care professional, in this case the Child Mental Health Specialist, should not be confused with the psychiatric technician, with an occupational therapist or recreational therapist, or considered as a kind of social worker. His functions are unique to the degree that he has been trained.

The new child care professional of disturbed children must be able to draw upon a study of the child's psychology including motor, intellectual, affective, and social development; biology including physical development of the human being, the relationship between body and psyche; learning theories; special education; and a knowledge of the psychodynamics of child development and their practical applications.

The child care professional must be able to make an analysis of the child's behavior based on important ego functions. He must be able to place a particular child's personality in its relationship to its socioeconomic contacts which necessitates a general knowledge of ideas of groups in microcosm, living conditions, experiences, etc. The child care professional must be able to place the child's personality in relationship to anomalies, which necessitates a general knowledge of psychopathology.

He must be able to modify the child's behavior through individual assistance, utilization of the treatment program, through the management of the group, through the utilization of the environment, and be able to organize a life schedule adapted to the needs of the child.

Knowledge and skills are not acquired instantaneously. A gradual integration of these are acquired only through daily practice, through probationary periods, case studies, case discussions, teamwork, supervision, and by end-of-year examinations, etc. All this knowledge and skill is taught in the framework of "humaneness," humanism, spiritual values, professional ethics, and basic knowledge of the legal rights of children as well as the administration and management of services and institutions provided by various governmental departments.

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CHAPTER III

TRAINING PROGRAM ORIENTATION

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TRAINING PROGRAM ORIENTATION

BASIC ORIENTATION

From the myriad approaches to dealing with disturbed children, certain concepts emerge, coalesce, and reinforce each other. Thus, a humanistically oriented program can be built, solidly based on the psychodynamic model. It combines the developmental lines formulated by Anna Freud with Erikson's psychosocial development and Piaget's cognitive approach to the development of the child. Spitz's concept of fundamental education as differentiated from simple input-output treatment of information storage in a memory bank helps to round out the picture. This idea of learning through relationship is further expressed by Ekstein and Motto as "from learning for love to love of learning." Such emphasis on human relationship requires Winnicott's concept of the "good-enough environment" in which children's expectations find a reliable and dependable physical and emotional environment to meet their needs. Only in such an environment can children grow to happy, healthy adulthood. It is central to all treatment and has to continue stable and dependable twenty-four hours a day, seven days a week.

CENTRAL ROLE OF RELATIONSHIP

Through all these approaches "relationship" stands out as the source from which all activities for helping children spring. It is the trunk of the program tree, supporting and nourishing every aspect of treatment. The paradigm for such relationship is the ideal, healthy mother-child relationship.

HEALTH AS GOAL

Just as the healthy mother-child relationship serves as model for therapeutic relationships, so should healthy life generally be the goal toward which therapy is directed. Obvious as the statement is, there is danger of its becoming lost in the implementation of training for work with disturbed children. Since the subject of the training is the disturbed child, attention may become so foucsed on such children that the healthy model becomes obscured. If this happens, trainees base their notions of child behavior on the very symptoms they are expected to relieve. To guard against this danger, normal, healthy children become not only the goal of the training but an active part of the training. In practice, this means that trainees learn to work with normal children in nurseries, schools, and day care centers. If health is to be the model, it must be observed through direct experience. It becomes the pattern to be used as a guide in the diagnosis and treatment of disordered children.

TRAINEES VIS-A-VIS THE CHILDREN

Training should prepare future Child Mental Health Specialists to recognize the challenges and opportunities in the give and take of daily living for every child no matter how disturbed. Trainees will be expected to learn to help children integrate and reintegrate experiences so that they can maintain a balance in their inner organization, and to provide children with stimulating intellectual and emotional opportunities without overloading their ego capacities. Trainees must learn to protect children both from overstimulation and boredom, maintaining a balance between stimulation and relaxation, and between emotional distance and emotional intimacy.

TRAINEES VIS-A-VIS THEMSELVES

Because Child Mental Health Specialists are themselves vulnerable to many of the stresses and strains which are the lot of disturbed children, the training has to emphasize the emotional and intellectual self-development of the trainees if they are to be effective with the children. The kind of persons Child Mental Health Specialists are is even more important to the children's future than whatever techniques they use or the type of knowledge they have acquired. They must have achieved insights that will lead to empathy for mentally ill children. They must be prepared to turn every experience a child may go through into an instrument for development of the child and further development of themselves. They must be physically, mentally, and emotionally healthy so that they can withstand the exhausting stresses and strains that psychotic and delinquent children engender in all of us. They must possess a vast repertoire of skills so that they can meet various children in the areas of each child's interests and needs. Finally, they must have reached a level of maturity that enables them to serve the children as inviting models of healthy adulthood.

Preparing trainees to meet these challenges calls for a wide range of physical, intellectual and emotional growth opportunities. Beyond studies and task training, many educational and recreational activities such as arts, crafts, camping, skiing, and sailing should be built into the program both for self-fulfillment and because the more one can do, the more one can offer. Along with direct participation in such activities, trainees should be offered self-developmental and corrective emotional experiences through psychodynamically oriented seminars throughout the training period conducted by sensitive, well-trained teachers with a psychodynamic or psychoanalytic background.

THE RIGHTS OF DISTURBED CHILDREN

Emotionally disturbed and mentally disordered children should have the same rights and privileges as healthy children have in their own healthy families in the communities. No child, while he or she is in a Satellite Home, hospital, or any other institution, may be deprived of growth-promoting love and affection to which every child is entitled. Every child should have protection from abuse by peers, visitors, or staff. Every child should be treated with dignity and deference whether living at home, attending school, or in a hospital or other placement. No child may be belittled in words or attitude; and nothing must be said or done, implicitly or explicitly, to diminish his or her self-esteem. No physical violence may be used against any child by any employee; and the child must be protected from violence from peers, visitors, or intruders.

Every child has a right to privacy just as at home in healthy family surroundings. Living quarters should be big enough to provide a bed, a chair, a dresser, and a table so that the child has privacy when needed. No more than three children should be accommodated in one room; and a room for three should be big enough to maintain a dresser and accommodation for clothing for each, and furniture for activities during leisure time. The room in which a child lives, and the cottage at large, should be homelike, pleasant, comfortable, with proper furniture, with draperies, and not any different from a healthy home environment in the community.

Every child has a right to express his or her feelings about being wronged, either by peers or by an employee, regardless of whether there is any basis in fact to such an accusation. When a child complains, the employee should listen and investigate the complaints. Every child should have access at anytime to the program coordinator or to the program director by requesting an appointment. Except for medical and well-defined psychiatric reasons, no child should be deprived of attending school. Every child has, also, a right to field trips of an educational and recreational nature like any other child has when attending school in the community and when living with parents. When disciplinary measures are needed because of the child's unacceptable behavior, the reasons for such measures have to be explained, and should be of such a nature that the experience will be a learning process rather than a retaliatory measure which will produce anger and fear.

At no time may a child be locked in a room for whatever reason. If a child needs separation from the group, a staff member has to be in the room until the child has quieted down and no longer needs a one-to-one relationship. Unless there are valid psychiatric reasons, home visits should be made possible and encouraged; or visits of the parents to the child should be facilitated. Parents have a right to visit the child at anytime during weekdays or weekends by prior arrangements.

Every child who is in a hospital has a right to proper nutrition to provide enough calories and vitamins, proteins, et cetera, for growth and development. The food should be prepared in a manner which is acceptable to the child and should be served in a manner that would be acceptable under familylike conditions. The child should have three nourishing meals daily with fresh fruit and vegetables available at all three meals. He or she should also be entitled to snacks in between meals and a bedtime snack with sufficient milk and seasonal fruit juices for physical growth and emotional well-being. Meals should be served in a homelike fashion in a dining room attached to the residential cottage rather than in a restaurantlike congregate dining room. Every child is entitled to have proper clothing, both for protection and to look pleasant so that the child can enjoy his or her appearance, bolstering self-image and self-esteem.

Every child has, in addition, a right to get an education appropriate to his or her needs, either in public school or in a privately financed treatment and education day center.

Every emotionally, intellectually, or physically handicapped child has a right towards self-realization. Every child, regardless of his or her handicaps, has a right to develop his or her full potential towards becoming a happy and productive adult.

CHAPTER IV

SETTING UP A PROGRAM

A. NECESSARY PARTICIPANTS
    1. College or University
    2. Mental Health Facility
    3. Nurseries and Grade Schools
B. BUDGET
C. FUNDING
D. DOCUMENTATION

SETTING UP A PROGRAM

NECESSARY PARTICIPANTS

Since part of a Child Mental Health Specialist's training is academic, an academic institution (college or university) must participate in the program to provide course material leading to a degree. Equally important, since another part of the training is clinical, clinical settings are required to offer actual, practical experience in treating disturbed children. And normal nursery and grade schools are necessary to offer experience with healthy children who serve as models of normal childhood behavior. These three types of components: college or university, clinical settings, and normal nurseries and grade schools, provide the training facilities of the program.

The second of these types of components, the clinical settings, should not be confined to one or two institutions. Detention homes, probation offices, juvenile hall, and the children's own homes should be included in the spectrum. The community as a whole becomes the clinical setting.

Further community involvement is provided by the parents of those children under treatment. They should be involved in the planning and management of the program. And any other members of the community who are interested should be invited to participate. Child Mental Health is a community concern. As broad a segment of the community as possible, therefore, should be involved in the training of Child Mental Health Specialists.

INITIATING A PROGRAM

Any of the participants, school or college, treatment facility, parents, or other members of the community, may initiate a Child Mental Health training program. The first step then is to contact other necessary participants and reach at least tentative agreement from each to take part in the program. The next step is to draw up a budget.

BUDGET

Once a program is established and functioning, its cost may be absorbed in the budgets of the participating agencies. It is highly recommended, however, that any new program maintain a separate budget.

Budgets will vary from community to community depending upon available resources and the scope of each program. Nevertheless, there are certain necessary basic items. Every budget should provide for, at least:

1. Training Director. Part time.
2. Coordinator. Part time.
3. Administrative Secretary. Part time.
4. Workshops for trainers.
5. Consultants.
6. Guest lecturers.
7. Travel.
8. Stipends.
9. Equipment and supplies.
10. Evaluation.

1. Training Director: The Training Director should be someone with extensive experience in the field of child mental health, some experience in teaching in an academic setting, experience in administering training programs, and involvement in child advocacy. Since this is a part-time position, it may, if possible, be taken on by the

Director of Training of one of the participating institutions. The Training Director will oversee the program, providing direction and guidance, and administering decisions reached by the Training Committee.

2. Coordinator: Again, because this is a part-time position, it may be assigned to someone from the staff of the participating clinical facilities, or from the staff of the academic component. The Coordinator should have clinical experience in child mental health, capacity for academic teaching, understanding of administrative duties, and should be versed in child advocacy. Graduates of a Child Mental Health Specialist Masters program would have the necessary qualifications, as would some nurses, psychiatric social workers, clinical psychologists, or academic faculty. It is the function of the Coordinator to provide liaison among the many components of the program.

3. Administrative Secretary: Beyond managing the clerical duties of the program, the Administrative Secretary must have sufficient experience in administrative structure to maintain the functioning of the organizational routines.

The three staff positions have been designated as part-time positions. In most programs this will probably prove sufficient. In some of the smaller programs, the Training Director may even be able to take over the function of Coordinator. In a large program serving many trainees, or involving an extensive complex of participating agencies, however, a full-time staff may be necessary. Because of the many variables among programs, no rigid guidelines are meaningful. A rough estimate, however, may be useful in planning a program. For beginning programs, a half-time staff is suggested if the program serves less than thirty trainees. Another quarter time should be provided for programs of thirty to sixty trainees, and full-time staff is suggested for over sixty trainees. Once a program has become established and is functioning, the number of students to staff can probably be increased.

4. Workshops for Trainers: The fact that clinical personnel know their work thoroughly is no guarantee that they can teach what they know. Moreover, teaching in a clinical setting requires very different techniques from the classroom techniques with which they may be familiar. Workshops are, therefore, required to assist trainers in clinical instruction, and in managing the instruction so that it does not interfere with, but rather facilitates the performance of the trainers' clinical duties. Properly managed, time necessary for training can be balanced by service performed by trainees, resulting in a mutually beneficial trade-off.

5. Consultants: Clinical activities provide the material on which most of the clinical training is based. Special training by clinical consultants may be required, however, in such areas as group therapy, family therapy, psychodrama, special education, and speech and language development.

6. Guest Lecturers: Some provision should be made for honorariums to outstanding authorities in special fields for lectures and seminars to broaden the scope of the training.

7. Travel: An estimate needs to be made to cover travel expenses of guest lecturers, and local travel of staff and trainees between facilities and on field trips.

8. Stipends: Stipends should be made available to some students who need financial assistance to stay in the program.

9. Equipment and Supplies: These include necessary office equipment and supplies, reference materials, and audio-visual teaching aids. Video taping equipment by which trainers can develop their own instructional materials is also useful.

10. Evaluation: The program should have built-in evaluation; and Chapter VIII, pages 111-161, provides some evaluation tools for this purpose. A separate budget item should, however, provide for outside, nonbiased evaluation to help in upgrading the program.

FUNDING

As soon as agreement has been reached among sufficient participants so that adequate academic and clinical training can be assured, and a budget has been written, proposals for funding should be prepared. Because of the nature of the program, and the continuing need for trained child care personnel, funds may be available from governmental agencies at all levels: federal, state and local, as well as from general and local private sources. Moreover, since the program contains both educational and health care components, it needn't necessarily be funded from a single source. Various aspects of the program may each have a separate source of funds. Application can be made for educational, manpower, health, mental health, and child development funds.

Conditions under which funds are granted are constantly changing or being redefined. As a consequence, much time can be saved by phoning or writing the specific granting agency for its most recent informational literature and instructions for applying. The following publications are useful for locating the agencies to contact:

Catalogue of Federal Assistance Programs. This 700-page publication gives one-page descriptions of all federal domestic programs. It is available upon request from the Information Office, Office of Economic Opportunity, Washington, D.C. 20506.

Grants-in-Aid and Other Financial Assistance Programs Administered by HEW. This publication lists and describes the various forms of financial aid administered by the Department of Health, Education and Welfare. It is for sale by the Superintendent of Documents, U.S. Printing Office, Washington, D.C. 20402.

Foundation Directory. Published by the Russell Sage Foundation, 230 Park Avenue, New York, New York 10017. This publication provides a large list of sources of private funding.

DOCUMENTATION

Although, as has been stated, specifications for funding vary; certain types of documentation are likely to be generally required. Documents which may be asked for by a funding source, and which are also useful in setting up the program, include:

1. A Summary of the Training Project.
2. Guidelines for Use of Human Subjects.
3. "The Rights of Children in a State Hospital."
4. Code of Ethical Standards.
5. Informed Consent Agreement.
6. Oath of Confidentiality for Child Mental Health Specialist Trainees.
7. Special Institutional Assurance of Review of Single Project Involving Human Subjects.

Examples of such documents follow:

CHILD MENTAL HEALTH SPECIALIST Training Project
A NIMH Supported Experimental Training Program
1550 Hillcrest Road, Santa Barbara, California 93103

805 482-6666
805 966-5609

PROJECT DIRECTOR
Norbert I Rieger, M.D.

SPONSOR
Parents And Friends of
Mentally Ill Children, Inc.

THE CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

SUMMARY

Work experience with a broad spectrum of mentally disordered and delinquent children has shown that the treatment of such children is only as good as the person who administers it. Unfortunately, this treatment has suffered from the lack of specifically trained child care personnel. Part of this has been due to the long since repudiated belief that the care and treatment of children could be done by anyone who had training in the care and treatment of adults. Today, we know that even professionally trained people need approximately two years of actual working experience with children before they can provide adequate care and treatment. In order, therefore, to alleviate the urgent need for competent child care personnel, it is necessary to train professional specialists in child mental health care just as professional training, e.g., nursing or social service, etc., was provided to deal with other needs. In view of the fact, however, that literally thousands of such mental health specialists are needed, it is necessary to train such people in many different places. To do this effectively, it is necessary to provide uniform training standards so that everyone knows what a Child Mental Health Specialist is, just as everyone knows what a registered nurse or psychiatric social service worker is.

The training program emphasizes integration of clinical skills with academic knowledge. The whole child is emphasized rather than his or her pathology. Prevention rather than treatment is of primary importance; thus, developmental dynamics rather than static pathology are stressed. Since training is broad in scope, graduates will be able to adopt a variety of roles regardless of the level of training (A.A., B.A., M.A.). Such roles range from dealing with normal children in day care centers or nursery schools, to dealing with slightly neurotic or delinquent children, to dealing with severely disturbed youngsters, whether in hospital settings, satellite homes, child guidance clinics, or special education classes in various school situations. The immediate goal of the program is to restructure, reorganize and improve the therapeutic programs for emotionally disturbed children by modifying academic and attitudinal training of persons most essential to the daily care of the children, thus, creating a new open-ended profession--the Child Mental Health Specialist. The ultimate goal is to provide sufficient numbers of qualified professionals by developing and demonstrating replicable models for the development of similar programs at other institutions caring for children, and by preparing graduates not only to care for children but also to serve as teachers in the training of other Child Mental Health Specialists.

SUMMARY

The academic knowledge includes insight into the development of the normal child as well as of the psychotic and delinquent child, and a background in the various avenues for the prevention of emotional disturbance and delinquency. Training aspects include various treatment modalities, learning disabilities along with their remediation, as well as the meaning of symbolic behaviors as a form of communication. Training locales should not be limited to a closed clinical setting. Trainees should learn how to deal with preventive aspects at the source. Their training should include rotations through community facilities. They should become acquainted with the family dynamics and the family situation from which the child is referred for treatment--the neighborhoods, the schools, the police station, the detention homes, probation department, juvenile court system--in other words, consider the entire community as a clinical setting for training purposes. Trainees are prepared to look at the disturbed child primarily as a child with normal needs rather than as an appendage to his mental illness or delinquency. They are trained to develop an attitude towards healthy growth and development in the disturbed child and to consider the preventive aspects in dealing with normal and disturbed children of any kind.

The core of the training is structured to develop in the trainee three basic skills: professional parenting, special education, and clinical management. The new professional should not become a technician only who masters a certain number of skills, however important they may be. The training should help him towards self-development through introspection to become aware of his own spectrum of feelings when dealing with disturbed children so that they may not interfere with his constructive therapeutic intervention with the child under his care. The clinical setting where he receives the bulk of his training should provide him with a facilitating environment for his professional growth and development, just as he will be called upon to provide a facilitating environment for the children under his care towards growth and development. The new professional should be skilled in all aspects of integrated child care and child mental health care.

The training program is conducted on three levels: the A.A., B.A. and M.A. level, to enable the young graduates to move horizontally and vertically in terms of occupational potential. In addition to helping them acquire clinical and educational skills, our training program prepares the Child Mental Health Specialist to become future leaders in the behavioral, educational and health science disciplines. It prepares them to become enlightened citizens in both the educational and mental needs of all children. And as a result, they will be able to assume essential roles in our communities to deal with our ever-increasing number of young mentally disordered and delinquent children.

Norbert I Rieger, M.D.

NIR:ga

November 1975

GUIDELINES FOR THE USE OF HUMAN SUBJECTS

1. Title of Project: Creation of a New Profession: Child Mental Health Specialist.

2. Principal Investigator: Norbert I Rieger, M.D.

3. Dates of Entire Proposed Project: July 1, 1976 - June 30, 1977.

4. Performance Site: Camarillo State Hospital, Children's Treatment Center.

5. Study Population: Patients ages four to sixteen at the Children's Treatment Center.

6. Research Objectives: Improvement of the quality of the treatment.

7. Hypothesis: Clinical training integrated with college education will provide sufficient and adequately trained manpower to increase the effectiveness of the treatment of psychotic children.

8. Method of Procedure: Clinical training by experienced members of an interdisciplinary, clinically active team.

9. How Are Human Subjects To Be Used: Patients will be involved in classroom activities as pupils. These patients will be interacting with trainees in a variety of relationships--trainees will act as symbolic parents, as friends, and protectors in recreational activities. Trainees will also accompany patients in visiting nearby communities. No experimental treatment approaches will be involved in this program.

10. Principal Investigator's Experience With Human Subjects: The Principal Investigator has had forty-five years in medicine. During these years he has dealt continuously with human subjects and has held numerous teaching positions, both during and after medical school. Principal Investigator has been at Camarillo State Hospital for the previous twenty-three years. At the hospital, he has been the Director of the Children's Treatment Center and the Adolescent Treatment Center. He has been responsible for the treatment of three thousand children, adolescents and their parents during these years. Since 1956, he has been a faculty member of UCLA involved in training Child Psychiatrists and General Psychiatrists.

11. Protection and the Rights of the Individuals: Trainees will be required to sign an Oath of Confidentiality for Training and the American Personnel and Guidance Association's Code of Ethical Standards. Trainees will be identified to patients, their parents or guardians, or others by way of a name tag containing the name of the trainee and the title "Child Mental Health

Specialist Trainee." Each trainee will be given a copy of the "Rights of Children in a State Hospital" as part of his orientation process. Also, each trainee will be required to read "Children's Treatment Center Operating Manual" as part of his orientation.

Patients will be protected by several levels of supervision, including:

(1) An interdisciplinary cottage team
(2) A program coordinator for the cottage
(3) A member of the training committee
(4) The training program director
(5) The consumer representative for the hospital

Parents or guardians of patients will be required to sign informed consent forms which specifically permit trainees, as a member of the interdisciplinary treatment team, to become involved in the process of caring for and protecting the child.

12. Methods for Obtaining Informed Consent: Informed consent forms will be obtained in the routine admission process. Participation will be voluntary. Parents or guardians of patients will be instructed that they have the right to withdraw their consent.

13. Risks and Potential Benefit: No risks are anticipated for the patient outside the normal risks of treating a child in an institution. Benefits are very considerable. They will be increased by the frequent human interaction between the highly motivated trainee and the child and, thus, will contribute to the improvement of the quality of the child's life. This will be expressed in tangible and intangible ways, day in and day out, throughout the duration of the child's treatment at the institution.

Norbert I Rieger, M.D.

NIR:ga

November 1975

THE RIGHTS OF CHILDREN IN A STATE HOSPITAL

Emotionally disturbed and mentally disordered children should have at the hospital the same rights and privileges as healthy children have in their own healthy families in the communities. No child while he or she is in the hospital, or in any other institution, may be deprived of growth-promoting love and affection to which every child is entitled. While in the hospital, every child should have the protection from the staff against abuse by his peers, visitors, or hospital employees. Every child in a hospital should be treated with the same dignity and deference to which he or she is entitled--whether living at home, attending school, or whether he or she is in a hospital, or whether he or she is'in any other placement. No child may be talked to condescendingly, lied to, or shamed, or degraded by one's attitude, implicitly or explicitly, by words or by food or clothing by way of punishment. He or she may not be belittled in words or attitude; and nothing must be said or done, implicitly or explicitly, to diminish his or her self-esteem. No child may be referred to in derogatory terms when talked to or about to a third person. No physical violence may be used against any child by any employee and must be protected from violence from peers, visitors, or intruders in the hospital. Neither may verbal abuse be directed against him or her in any form.

Every child has a right to privacy while he or she is in the hospital, just as he or she had while living in his or her own home in healthy family surroundings. He or she has a right to have a private room, just as he or she has at his or her own home. His or her room should be big enough to provide a bed, a chair, a dresser, and a table so that he or she has privacy when he or she needs it. No more than four children should be accommodated in one room, and a room for four should be big enough to still maintain his or her own dresser and accommodation for his or her clothing and furniture for activities during his or her leisure time. The room in which a child lives, and the cottage at large where he or she resides, should be homelike, pleasant, comfortable, with proper furniture, with draperies whenever possible, and not any different from a healthy home environment in the community.

While the child is treated in a hospital, he or she has a right to express his or her feelings and whatever feelings about being wronged, either by his or her peers or by an employee, regardless whether there is any basis in fact to such an accusation. When a child complains, the employee should listen to him or her and investigate the complaints. Every child should have access at anytime during employment hours to the Program Coordinator or to the Program Director by requesting an appointment through the Cottage Charge. Except for medical and well-defined psychiatric reasons, no child should be deprived of attending school, either on the hospital grounds or in a public school. Every child has, also, a right to have an opportunity to make field trips of an educational and recreational nature like any other child has when he or she attends school in the community and when living with parents. When disciplinary measures are needed because of the child's unacceptable behavior, the reasons for such measures have to be explained to him or to her, and should be of such a nature that it will be a learning process for him or her rather than a retaliatory measure which will produce anger and fear.

At no time may a child be locked in a room for whatever reason. If a child needs separation from the group, a staff member has to be, at all times, in the room with him or her until such time that he or she has quieted down and no longer needs a one-to-one relationship. Unless there are valid psychiatric reasons, home visits should be made possible and encouraged; or visits of the parents to the hospital should be facilitated. The parents of the child have a right to visit the child at anytime during weekdays or weekends by prior arrangements.

Every child who is in a hospital has a right to proper nutrition to provide him or her with enough calories and vitamins, proteins, etc. for growth and development. The food should be prepared in a manner which is acceptable to the child and should be served in a manner that would be acceptable under family-like conditions. He or she should have daily three nourishing meals with fresh fruit and vegetables available at all three meals. The child should also be entitled to snacks in between meals and a bedtime snack with sufficient milk and seasonal fruit juices for his physical growth and emotional well-being. Meals should be served in a homelike fashion in a dining room attached to the cottage where he or she resides rather than be served such foods in a restaurant-like congregate dining room. Every child is entitled to have proper clothing, both to protect him or her and to look pleasant in appearance and to help him or her enjoy his or her appearance, and to bolster his or her self-image and self-esteem.

Every child who needs treatment should receive it as promptly as possible, as adequately as possible, without dislocation, and without fragmentation of treatment. Every child has a right to be treated in the community where he or she lives and be treated in a home (Satellite Home) by competent, professionally trained surrogate parents, no more than four children to a home. Every child has, in addition, a right to get an education appropriate to his or her needs, either in public school or in a privately financed treatment and education day center.

Every emotionally, intellectually, or physically handicapped child has a right towards self-realization. Every child, regardless of his or her handicaps, has a right to develop his or her full potential towards becoming a happy and productive adult.

NIR:ga

November 1975

AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

CODE OF ETHICAL STANDARDS

SECTION A
GENERAL

1. The member exerts what influence he can to foster the development and improvement of the profession and continues his professional growth throughout his career.

2. The member has a responsibility to the institution within which he serves. His acceptance of employment by the institution implies that he is in substantial agreement with the general policies and principles of the institution. Therefore, his professional activities are also in accord with the objectives of the institution. Within the member's own work setting, if, despite his efforts, he cannot reach agreement as to acceptable ethical standards of conduct with his superiors, he should end his affiliation with them.

6. The member should not claim or imply professional qualifications exceeding those possessed and is responsible for correcting any misrepresentations of his qualifications by others.

8. The member who provides information to the public or to his subordinates, peers, or superiors has a clear responsibility to see that both the content and the manner of presentation are accurate and appropriate to the situation.

9. The member has an obligation to insure that evaluative information about such persons as clients, students, and applicants shall be shared only with those persons who will use such information for professional purposes.

SECTION B
COUNSELLING

1. The member's primary obligation is to respect the integrity and promote the welfare of the counselee or client with whom he is working.

2. The counseling relationship and information resulting therefrom must be kept confidential consistent with the obligations of the member as a professional person.

3. Records of the counseling relationship including interview notes, test data, correspondence, tape recordings, and other documents are to be considered professional information for use in counseling, research, and teaching of counselors, but always with full protection of the identity of the client and with precaution so that no harm will come to him.

4. The counselee or client should be informed of the conditions under which he may receive counseling assistance at or before the time he enters the counseling relationship. This is particularly true in the event that there exist conditions of which the counselee or client would not likely be aware.

5. The member reserves the right to consult with any other professional competent person about his counselee client. In choosing his professional consultant, the member must avoid placing the consultant in a conflict of interest situation; i.e., the consultant must be free of any other obligatory relation to the member's client that would preclude the consultant being a proper party of the member's efforts to help the counselee or client.

6. The member shall decline to initiate or shall terminate a counseling relationship when he cannot be of professional assistance to the counselee or client either because of lack of competence or personal limitation. In such instance, the member shall refer his counselee or client to an appropriate specialist. In the event the counselee or client declines the suggested referral, the member is not obligated to continue the counseling relationship.

7. When the member learns from counseling relationships of conditions which are likely to harm others over whom his institution or agency has responsibility, he is expected to report the condition to the appropriate responsible authority, but in such a manner as not to reveal the identity of his counselee or client.

8. In the event that the counselee's or client's condition is such as to require others to assume responsibility for him, or when there is clear and imminent danger to the counselee or client or to others, the member is expected to report this fact to an appropriate responsible authority, and/or take such other emergency measures as the situation demands.

9. Should the member be engaged in a work setting which calls for any variation from the above statements, the member is obligated to ascertain that such variations are justifiable under the conditions and that such variations are clearly specified and made known to all concerned with such counseling services.[1]

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[1] Humphreys, J. A., A. E. Thaxler, and R. D. North. "Ethical and Legal Considerations in Guidance Services," Guidance Services, pp. 393-394. Chicago, Illinois: Science Research Associates, Inc., 1967.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Children's Treatment Center
Camarillo State Hospital

INFORMED CONSENT AGREEMENT

You have my permission for your staff, Child Mental Health Specialist Trainees, under direct professional supervision, and volunteers to become involved in the treatment of ______________________________, his or her education, socialization and recreational activities, including walks, hikes or automobile rides, on or off the hospital grounds. These may be daytime, nighttime or overnight excursions and outings, including freeway travel under adverse weather and traffic conditions, whenever, in the opinion of the medical staff, such activities may be beneficial to the patient as part of the treatment program. You do not have to notify us about these excursions and outings each time they take place, even if they involve nights away from the hospital (on camp-outs or home visits with especially trustworthy staff, Child Mental Health Specialist Trainees, or volunteers). I am also entitled to obtain information concerning the treatment of my child or the type of personnel involved in his or her treatment, education, socialization and recreation, and concerning the nature of the Child Mental Health Specialist Training Program.

I understand that the purpose of using the Child Mental Health Specialist Trainees in the process of residential care and treatment of my child is to upgrade standards of care and treatment in this and other facilities where children are being cared for and treated.

No agreements have been made by me in connection with my child's involvement in the Training Program other than those specifically stated above. All information gained from me as a result of my child's hospitalization will remain confidential, and my child's identity will never be revealed to persons or agencies outside of the hospital without my specific consent. I may withdraw my child from any part or all of this Agreement, in any way, at any time, without consequences or penalty to me.

I acknowledge receipt of a copy of this Agreement.

I, ______________________________, as ______________________
(Parent/Guardian/Conservator)
of ______________________________, hereby give my consent for his/her participation in the Training Project described above. I acknowledge that any questions I have about such participation have been answered to my satisfaction and that I have received a copy of this Agreement.

______________________________ ______________________
Signature Date

______________________________ ______________________
Training Project Director, or his Designate Date

Norbert I Rieger, M.D., Training Project Director; Associate Clinical Professor, UCLA Center for the Health Sciences, Los Angeles; Adjunct Professor, Child Development, California State University, Northridge.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Children's Treatment Center
Camarillo State Hospital

OATH OF CONFIDENTIALITY FOR TRAINING

Date ____________________

As a condition of engaging in a treatment program involving persons who are receiving services from Camarillo State Hospital, I, ____________________, agree not to divulge any information obtained in the course of such training program to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services such that the person who received the services is identifiable.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

____
Signature

____
Title

____
Complete Address

CHILD MENTAL HEALTH SPECIALIST **Training Project**
A NIMH Supported Experimental Training Program
1550 Hillcrest Road, Santa Barbara, California 93103

805 482-6666
805 966-5609

PROJECT DIRECTOR
Norbert I Rieger, M.D.

SPONSOR
Parents And Friends of Mentally Ill Children, Inc.

SPECIAL INSTITUTIONAL ASSURANCE AND CERTIFICATION OF REVIEW OF SINGLE PROJECT INVOLVING HUMAN SUBJECTS

(1) The Parents and Friends of Mentally Ill Children, Inc. will comply with the policy for the portection of human subjects participating in projects or activities supported by grants and contracts made by the Department of Health, Education, and Welfare, as described in The Institutional Guide to DHEW Policy on Protection of Human Subjects. This policy requires a group review independent of the investigator or any person having a professional interest in the project in order to safeguard the rights and welfare of those subjects. An initial review of the application for a grant or contract identified as Creation of a New Profession: The Child Mental Health Specialist, submitted by this institution on behalf of Norbert I Rieger, M.D., Principal Investigator, was carried out on March 27, 1973. Two subsequent reviews were conducted on December 3, 1973 and on December 2, 1974, by the Hospital Research Committee of Camarillo State Hospital, in accordance with the terms of its assurance to the Department of Health, Education, and Welfare.

(2) The Parents and Friends of Mentally Ill Children, Inc., as the institution to whom the grant or contract is awarded, agrees to take primary responsibility for the protection of human subjects involved in the project or activity, regardless of the sites where the work is to be done, and will fully implement the recommendations of the Hospital Research Committee.

(3) The Parents and Friends of Mentally Ill Children, Inc. has agreed to continuing review of the project by the Hospital Research Committee of Camarillo State Hospital. This review will be implemented in accordance with the terms of the Camarillo State Hospital's assurance on file with the Department of Health, Education, and Welfare.

(4) Signature and title of official of grantee institution:

James A. Johnson, President
Parents and Friends of Mentally Ill Children, Inc.

Date 11/15/75

(5) Signature and title of official of assisting institution holding general assurance:

Harry N. Jones, MD

Harry N. Jones, M.D.
Medical Director
Camarillo State Hospital

Date 11-21-75

PART TWO: THE PROGRAM

CHAPTER V

ADMINISTRATION OF TRAINING PROGRAM

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ADMINISTRATION OF TRAINING PROGRAM

RECRUITMENT

A requisite group of facilities and individuals have agreed to work together, a budget has been approved, funds allocated, necessary staff assigned--a training director appointed, liaison between the clinical and academic institution established through a coordinator--so now a Child Mental Health Specialist Training Program is announced. The option appears in the college or university catalog, and information concerning the program is provided by counselors. The training director writes press releases which are sent to the school paper, local newspapers, and radio and television stations. If the budget has provided for it, brochures are printed and mailed to sources of potential students. Information concerning undergraduate programs is made available to high schools; B.S. and M.S. programs information is offered to colleges and universities. Regardless of the projected size of a program, this type of recruitment is necessary to provide a sufficient pool of applicants from which highly qualified trainees can be chosen. Not everyone is suited to be a Child Mental Health Specialist. A broad spectrum of special characteristics is required. Effective selection of trainees is, therefore, crucial to the success of a program. Every attempt should be made to receive at least three applications for every one training slot. Each applicant must then be carefully screened.

Candidates who are selected for the Child Mental Health Specialist Training Program need to be thoroughly screened. There are four basic reasons for this. First, there has been enough research in the helping professions to select trainees intelligently.

A second reason is that an adequate screening process could eliminate a great deal of disappointment and pain for a trainee who may find the experience generally stressful, unfulfilling, or too demanding. Third, we recognize that in allowing people to participate in such a program we have taken the responsibility for them and for the children whom they will ultimately affect. The fourth reason is that training is expensive, and program failures may be an unnecessary financial waste.

Before screening can take place, a screening committee must be set up. This committee, chaired by the program's training director, is made up of the coordinator, representatives of the academic faculty, representatives of the clinical faculty, representatives of current student body, and possibly representatives of parents and interested members of the community.

Because of the importance of screening to the program, the process is divided into three phases. The first phase consists of a careful review of each candidate's personal and educational background in the form of a curriculum vitae. Along with this, three references are required from people who have known the applicant, such as current or former college or hign school teachers or employers. School transcripts round out the documentary evidence which must be scrutinized before an applicant is invited to a screening committee. The interview represents the second phase of the selection procedure.

In the interview the committee evaluates a cluster of character features which are necessary in a Child Mental Health Specialist. This cluster includes:

1. Integrity
2. Openness

3. Minimum of defenses
4. Activity rather than passivity
5. Creativity rather than conformity
6. Dependability
7. A sense of curiosity
8. A sense of commitment toward children
9. Emotional stability
10. Ability to work under stress
11. Capability to turn adversity into positive gains

In the third phase the applicant spends two separate four-hour clinical periods with two different clinical rotations, interacting with several children under direct supervision. Generally, an applicant is exposed to experiences with both the autistic or schizophrenic child and the behavioral acting-out child.

The conclusion of the interview and clinical observations are recorded using a rating scale of one to five in the following ten areas:

1. Self-starter
2. Insight: self/others
3. Tolerance for differences of opinion
4. Ability to reach out to others
5. Motivation and sense of commitment
6. Ability to cope with stress
7. Attitude toward children
8. Ability to make independent judgments

9. Appropriate expression of feelings
10. Understanding of the program

(See Interview Rating Scale, page 201; Clinical Rating Scale, page 202.)

The ratings are entered and tabulated by each of the observers. Candidates who achieve the highest composite ratings are generally accepted into the program. Final review and acceptance occurs at the weekly training committee meeting. Notification of acceptance is sent in written letter form by the training director.

Recruitment and careful selection will provide an excellent group of trainees, but it cannot guarantee total success. A six-month trial period may be instituted for all new trainees. Trainee evaluation continues, therefore, as an ongoing process throughout the entire training program. (See Student Clinical Evaluation Forms, pages 112-118.)

To summarize, note the following outline of selection procedures: (See, also, Applicant Packet, pages 186-199.)

1. APPLICATION: Provides information of the applicant's basic work experience and other needed personal and administrative information.
2. REFERENCES: Provide additional useful basic information on the applicant's character, dependability, sense of responsibility as experienced by others, and their opinion on the applicant's suitability for work with children and the applicant's promise for potential personal and professional growth.
3. TRANSCRIPTS: Provide a means of assessing the applicant's general academic level and expectation of academic performance in his training course.
4. INTERVIEWS: May give clues to the applicant's motivation, ability to relate with authority figures, interests, and personality functioning.
5. OBSERVATION OF CHILDREN: Provides some means of assessing the applicant's ability to relate to children. We especially like to see how the applicants react to a crisis or impending crisis.

6. SIX-MONTH TRIAL PERIOD: Applicants may be accepted conditionally on a six-month probationary period at which time he/she would be evaluated by the training committee on the basis of reports from supervisors in areas where he/she has worked.

TRAINING COMMITTEE

As in all clinical training and academic programs, there is a need for an administrative body. The training committee is responsible not only for recruitment, screenings, and selection of candidates, but for student academics and clinical schedules, assignments, requirements, curriculum, college participation, and program policy. So that this may be carried out effectively and all academic and clinical experience may be fully accredited, a close working relationship between the colleges and clinical facilities is necessary. Weekly training committee meetings are recommended.

Training Committee Composition

The training committee should be composed of representatives of three populations:

1. Staff
2. Students
3. Community

The staff members of the training committee should be multidisciplinary. A representative of each clinical discipline (i.e., speech pathology, classroom teacher, psychiatric social work, psychology, nursing, etc.) should be present. The representative of each discipline has a vote in all training decisions. Each representative may be elected by that discipline, or three nominations from the training committee may be given to the program director for his/her selection.

The student representatives should self-select their class representative by majority vote. Each functions as a voting member of the training committee. Each class representative acts as advocate for his/her class before the training committee and is responsible for feedback to the students in his class from training committee.

The community representatives are generally asked by the training committee body to sit on training committee as a voting member. This should include individuals who have been clinical or academic consultants to the program.

The program director of the children's clinical facility may, if available and qualified, also function on a part-time basis, ex officio, as training program director. Or another qualified staff member, an experienced and competent clinician-teacher, such as a psychiatric social worker or clinical psychologist, may be appointed by the clinical facility's director to function as training director. In that case the program director of the clinical facility is available in an advisory capacity together with a representative of the academic institution in an equivalent position.

Of crucial importance to the success of the training program is the selection and appointment of a competent and experienced clinician to coordinate the program. The coordinating task is twofold: to coordinate the clinical and academic components of the training. The clinical component involves the selection of consultants for conducting seminars; it involves the responsibility for selection of clinical supervisors and for the logistics of rotation assignments to each individual student in close collaboration with members of the training committee, and the decision-making process at the training committee meetings. The academic coordinating function involves selection of suitable teachers for the program in collaboration with the academic facility which has to confirm the appointment as academic instructor, placing him or her on the facility's payroll.

It is indispensable, whenever possible, to have the same coordinator for both functions of the academic and clinical components. A less desirable alternative is to separate the two functions into a clinical and academic coordinator. The clinical coordinator is the chairperson of the training committee meetings.

The training committee should have three standing committees:

1. Curriculum Committee
2. Policy Committee
3. Public Relations Committee

The curriculum committee is responsible for developing policies regarding the clinical and academic curricula and for recommending curriculum development and change to the general training committee body.

The policy committee is responsible for developing policy for the training committee operation, and student, instructor, advisor, and supervisor requirements. (See Policy Development, pages 76-78.) These recommendations then return to the general training committee body for discussion and vote.

The public relations committee has the responsibility for developing recruitment materials, activities, and procedures. All public relations planning returns to training committee for final approval before implementation.

The training coordinator selects as chairperson of the three standing committees a representative from the three groups that comprise the training committee--i.e., curriculum committee, chairperson--a student representative; public relations, chairperson--community representative; and policy committee, chairperson--staff representative. In this manner every faction of the program has input into the design of the program.

Training committee and standing committee minutes of each meeting are taken by a member of the training committee body and recorded on the training committee meeting minutes form and training committee voting form. (See pages 222-224.)

POLICY DEVELOPMENT

The training committee develops all program policies regarding the following:

I. TRAINING COMMITTEE PROCEDURE
  A. Voting Process
  B. Composition
  C. Attendance
  D. Minutes
  E. Student Files
  F. Committees
    1. Standing committees
      a. composition
      b. replacement
      c. termination
      d. responsibilities
    2. Ad hoc committees

II. PROCEDURES RELATING TO STUDENTS
  A. Publicity
  B. Selection of Candidates
  C. Dismissal Code
  D. Student Schedules
    1. Academic
    2. Clinical
  E. Room and Board
  F. Student Stipends and Tuition

- G. Academic Requirements
    - 1. Grade point average
    - 2. Attendance
    - 3. Waivers of requirements
    - 4. Grades
    - 5. Dismissal--contracts
    - 6. Evaluations
- H. Clinical Requirements
    - 1. Hours of clinical time
    - 2. Type of rotations
    - 3. Selection of supervisors
    - 4. Selection of advisors
    - 5. Waivers of requirements
    - 6. Evaluations
    - 7. Contracts--dismissal

III. CURRICULUM--ACADEMIC

- A. Design
- B. Changes
- C. Procedures
- D. Selection of Instructors
- E. Evaluation of Instructors
- F. Scheduling of Classes
- G. Coordination with Colleges

IV. CURRICULUM--CLINICAL

- A. Clinical Assignments
- B. Selection of Supervisors
- C. Changes in Assignments
- D. Determination of Need for Contracts
- E. Time Waivers
- F. Assignment Waivers
- G. Evaluations

V. CONSULTANTS

- A. Procedures
- B. Responsibility
- C. Attendance

VI. EQUIPMENT AND MATERIALS

- A. Procedures
- B. Responsibility

VII. AFFIRMATIVE ACTION PLAN

- A. Procedures
- B. Responsibility

SUGGESTED RECORDS

The following record-keeping measures, in addition to those already presented have been useful at the Camarillo site and may be helpful in knowing exactly what requirements have or have not been met by the student, supervisor, instructor, or advisor.

A listing of training committee representatives, their position--staff, student, community, or advisory--and the address and telephone number of each is posted and distributed to all students, staff, instructors, advisors, supervisors, and training committee members.

A schedule of classes is posted at the beginning of each semester that provides students with class time, instructors' names, and location of classes.

A semester calendar is advisable. It needs to show not only state and college holidays, deadlines for dropping and adding classes, midsemester and final exam dates, but also the dates important to the clinical facility where the students have their clinical rotations. (See sample page 213.)

Since this is not a traditional academic degree program, and both academic and clinical settings are involved, an orientation program is needed at the beginning of each training course coinciding with the beginning of the fall semester. It may be one or two days in length depending upon the needs of the program. An orientation packet may be presented. Suggested areas for review and distribution may include:

1. Orientation day schedule (See pages 203-206)
2. Description of rotation requirements
3. Listing of training committee members
4. Calendar
5. Schedule of classes
6. Full program curriculum of all academic levels (AA, BS, MS, Special Masters)
7. Rules and regulations of clinical setting
8. Maps
9. Issues of confidentiality
10. Examples of the:
    a. Supervisor Evaluation Form
    b. Instructor Evaluation Form
    c. Student/Trainee Evaluation Forms
11. Any written brochures or program literature (See pages 186-199)
12. Course registration
13. Films of autism, schizophrenia, clinical work with disturbed children, etc.

Noting whether or not required paperwork (i.e., schedule, evaluation, etc.) is turned in to the program office is easily handled by developing two checklists: one for students/trainees at the different levels (AA, AA-2, BS, BS-2, MS, MS-2, and Special MS) and one for the supervisors. Each column head then can be written in and checked off when received.

Student files are confidential and kept under lock in the program office and contain the following:

1. The original application
2. Health questionnaire
3. Three letters of reference
4. Midsemester evaluations of each rotation
5. Final semester evaluations of each rotation
6. Previous college transcripts
7. Written requests to training committee
8. Grade sheet

The grade sheet kept in the student file reflects a current, updated record of the following:

GRADE	ACADEMIC COURSE	INSTRUCTOR

GRADE	CLINICAL ROTATION	CLINICAL SUPERVISOR

DATE	SPECIAL WORKSHOPS, SEMINARS, CONFERENCES ATTENDED

If there is a program funding source that can provide students/trainees with stipends, program secretarial jobs, travel expenses, or supplies and equipment, there are suggested forms for documentation of funds or materials used by the student body.

INSTRUCTION

The Child Mental Health Specialist Training Program provides the student with theoretical and practical training by working with disturbed and normal children and adolescents. It is for this reason that it is recommended that clinicians teach most of the academic course work.

In order to seek clinicians for instruction, a memo and course proposal form is sent to the clinical staff. All responses are then reviewed by the training committee, and an instructor is selected. Instructor applications are filled out. After selection, each instructor is informed of his/her responsibilities as instructor. Several points are indicated in the memo to instructors. (See sample forms, pages 208-211.)

All aspects, clinical as well as academic, of the training program are under continuous evaluation. Students are asked at the end of each course to evaluate the course and the instructor. (See Student Course Evaluation form, pages 123-125.) After completion of this form, a master form is made by the program office. The original master form is sent to the instructor for feedback. The second copy goes into the instructor's file, and the third copy is kept by the program director. These should be reviewed at the training committee meeting at the time of selection of instructors for the next semester.

The Interim, the January intensive academic and clinical experience, explained in more detail in the clinical and curriculum component, is also evaluated by the students. (See Interim Evaluation forms, pages 126-129.)

REVIEW OF PROGRAM PARTICIPANTS' RESPONSIBILITIES

The Child Mental Health Specialist Training Program involves many components and many people at various levels of responsibility. The following functions and responsibilities need to be kept in mind and made known to the student body:

I. FUNCTIONS OF THE TRAINING COMMITTEE:

A. To coordinate program with the colleges
B. To coordinate program with clinical facilities
C. To maintain liaison with and be accountable to the funding source
D. To design curriculum
E. To coordinate and supervise clinical experiences
F. To implement academic and clinical programs
G. To select and dismiss students
H. To maintain quality control of academic and clinical programs
I. To evaluate individual problems and make decisions
J. To set up clinical rotations
K. To develop and implement all program policies

II. FUNCTIONS OF STUDENT REPRESENTATIVES:

A. As voting members of the training committee for a given class level
B. As advocate for students before training committee
C. To function as liaison between students and training committee

III. FUNCTIONS OF ADVISORS:

A. To serve as student advocate for two years
B. To assist the student with planning training objectives

IV. FUNCTIONS OF SUPERVISORS:

A. To draw up student's clinical program
B. To conduct a minimum of one supervisory session per week
C. To serve as models in clinical activities for students
D. To include student in team meetings and staffings, when possible
E. To complete student evaluation forms twice per rotation
F. To serve as student's liaison with clinical team
G. To supervise student in student's meeting of responsibilities, i.e., fulfilling assignments, accepting responsibility, etc.
H. To observe student performing with children and directly supervise this at least once a week

V. FUNCTIONS OF INSTRUCTORS:

A. To provide the students with theoretical and clinical aspects in program coursework
B. To evaluate the students upon completion of the course
C. To keep attendance as required by the college
D. To report more than three absences to training committee

PROGRAM GRADUATE QUALIFICATIONS

Upon completion of the Child Mental Health Specialist Training Program, each student will be qualified to receive an earned academic degree and Child Mental Health Specialist Certificate. Specific course content and details regarding teaching credentials are noted in the curriculum component of this manual. Qualifications, however, are outlined for review below:

Associate of Arts Degree:

The Children's Treatment Center clinical staff teams, along with the Ventura College staff, offer a clinical and academic program in child care at the Associate of Arts level.

Students gain clinical experience by working twenty hours per week with children during which they are supervised. Academic coursework, designed by Ventura College and the Children's Center training committee, covers a twenty-four-month consecutive period plan. There is particular emphasis on early childhood development.

Successful completion of clinical and academic programs leads to:

1. An Associate of Arts Degree from Ventura College.
2. A Certificate of Child Mental Health Specialist at the Associate of Arts level from the Children's Treatment Center.

A.A. graduates qualify for the following types of positions:

Child Care Work in Residential and Day Treatment Centers
Group Homes
Satellite Home Parents
Teaching Assistant--Public Schools--Normal
Teaching Assistant--Public Schools--Special Education
Teaching Assistant--Day Treatment Centers
Nursery School Teacher--Early Childhood Teacher
Nursery School Teacher--Day Care Centers
Nursery School Teacher--Head Start

Note: All graduates must take the prescribed state examination before qualifying for positions at state mental hospitals.

Bachelor of Science Degree:

California Lutheran College and the Children's Treatment Center have coordinated an academic and clinical program in child care which leads to a Bachelor of Science Degree in Psychology.

Students gain clinical experience by working twenty hours a week in clinical child care under the supervision of the Children's Treatment Center staff.

In addition, academic training has been designed by California Lutheran College and the Children's Treatment Center training committee. Academic courses related to child care and psychology are taught, primarily, at the Children's Center by the professional clinical staff. Liberal arts courses are taught at the California Lutheran College campus in Thousand Oaks by the campus staff.

Academic and clinical assignments within the B.S. program are designed with a general emphasis on the study of the normal and disturbed child. There is a particular emphasis on the adolescent.

The general purpose of the B.S. program is to give psychology majors clinical experience to support their academic study. Two years of clinical experience will prepare a student for child care work and for graduate study in education and special education of normal and exceptional children.

Upon successful completion of the twenty-four-month program, qualified candidates earn:

1. A Bachelor of Science Degree in Psychology from California Lutheran College.
2. Camarillo's Child Mental Health Specialist Training Program issues a certificate declaring the candidate proficient as a Child Mental Health Specialist at the Bachelor of Science level.

B.S. graduates may qualify for the following positions and jobs related to them (among others):

Child Care Work in Residential and Day Treatment Centers
Group Homes Coordinator
Satellite Home Parents
Play Therapist
Research Assistant

Teaching Assistant--Public Schools--Normal
Teaching Assistant--Public Schools--Special Education
Teaching Assistant--Day Treatment Centers
Nursery School Teacher
Nursery School Teacher--Head Start

Eligibility Worker--Social Work
Social Work Associate--Community Mental Health Centers
Mental Health Coordinator--Head Start
Director of Day Care Center
Psychological Care in Children's Hospitals

Probation Work--Dependent and Delinquent Children and Adolescents
Youth Authority

Master of Science and Special Masters Degree:

(Credentialed Program)

California Lutheran College in Thousand Oaks and the Children's Treatment Center, Camarillo, provide an academic and clinical program in child care leading to the Master of Science Degree in Education with the field of emphasis in Special Education. This program extends for twenty-four months consecutively.

Qualified students participate for twenty hours per week in supervised clinical training with the clinical staff at the Children's Treatment Center. Emphasis is given to the clinical experience within the Center's school. At least eight months is recommended in teaching children within the setting of special education. Special Masters students have completed our B.S. program and, therefore, are able to complete M.S. requirements in one year.

Academic coursework has been designed by the Children's Treatment Center training committee in conjunction with California Lutheran College Department of Education. The academic coursework emphasizes child development and elementary teacher training and teaching of the learning disabled as well as the basic therapies and approaches in working with disturbed and learning handicapped children. Academic coursework is taught primarily by professional clinical staff at the Children's Center.

Coursework is culminated by student teaching in community elementary schools and, in addition, student teaching at the special education setting at the Children's Center school, or in E.H. classes of public schools in the community.

Successful completion of this twenty-four-month program earns:

1. A Master of Science Degree in Education with the field of emphasis in Special Education from California Lutheran College.

2. A standard Elementary Teaching Credential from the State of California (K-12).

3. A Teaching Credential for the Educationally Handicapped: Special Education Specialist with a concentration in the Learning Disabled and Severely Disabled (K-12).

4. A certificate is issued by the Child Mental Health Specialist Training Program declaring proficiency as a Child Mental Health Specialist at the Master of Science level.

Examples of M.S. job possibilities:

Child Care Work in Residential and Day Treatment Centers
Life-Space Therapist
Group Therapist--Treatment Center
Play Therapist
Cottage Assistant Coordinator
Cottage Coordinator
Group Homes Coordinator
Satellite Home Parents
Satellite Home Supervisor
Program Director of Residential and Day Treatment Center
Training Program Design
Research Assistant

Teacher--Normal or Special Education--Public Schools
Learning Resource Teacher
Teacher of Learning Disabled
Educational Therapist in Learning Clinics
Early Childhood Education (ECE) Teacher
Teacher--Day Treatment Center
Nursery School Teacher
Teacher--Junior College

Family Counseling
Individual Therapist
Social Work Associate--Community Mental Health Centers
Caseworker--Community Services
Adoption Agency Worker
Mental Health Coordinator--Head Start
Director of Day Care Services
Psychological Care in Children's Hospitals
Child Guidance Clinics
Well Baby Clinics

Probation Work--Dependent and Delinquent Children and Adolescents
Youth Authority

Master of Science and Special Masters Degree:

(Clinical Program)

California Lutheran College in Thousand Oaks and the Children's Treatment Center, Camarillo, provide an academic and clinical program in child care leading to the Master of Science Degree in Education with the field of emphasis in Special Education. This program extends for twenty-four months consecutively.

Qualified students participate for twenty hours per week in supervised clinical training with clinicians from the Children's Treatment Center and various community-based clinical facilities (i.e., Childrens Hospital of Los Angeles, Head Start, Dubnoff School, etc.). Emphasis is given to clinical exposure to normal, mentally disabled, developmentally disabled, and medically handicapped children.

Academic coursework has been designed by the Children's Treatment Center training committee in conjunction with California Lutheran College Department of Education. The academic coursework emphasizes child development and elementary teacher training as well as the basic therapies and approaches in working with disturbed and learning handicapped children. Academic coursework is taught primarily by professional clinical staff at the Children's Center.

Coursework is culminated by students working in the community settings in the area of the student's special interest.

Successful completion of this twenty-four-month program earns:

1. A Master of Science Degree in Education with the field of emphasis in Special Education from California Lutheran College.
2. A certificate is issued by the Child Mental Health Specialist Training Program declaring proficiency as a Child Mental Health Specialist at the Master of Science level.
3. Partial requirements will have been met for State Teaching Credentials and advanced graduate work in related clinical programs.

Examples of M.S. job possibilities:

Child Care Work in Residential and Day Treatment Centers
Life-Space Therapist
Group Therapist--Treatment Center
Play Therapist
Cottage Assistant Coordinator

Cottage Coordinator
Group Homes Coordinator
Satellite Home Parents
Satellite Home Supervisor
Program Director of Residential and Day Treatment Center
Training Program Design
Research Assistant

Family Counseling
Individual Therapist
Social Work Associate--Community Mental Health Centers
Caseworker--Community Services
Adoption Agency Worker
Mental Health Coordinator--Head Start
Director of Day Care Services
Psychological Care in Children's Hospitals
Child Guidance Clinics
Well Baby Clinics

Probation Work--Dependent and Delinquent Children and Adolescents
Youth Authority

CHAPTER VI

ACADEMIC COMPONENT OF THE CURRICULUM

A. STRUCTURE OF CURRICULUM

B. EDUCATIONAL SPECIALIST CREDENTIAL

C. STUDENT TEACHING

D. PORTFOLIO REQUIREMENTS

ACADEMIC COMPONENT OF THE CURRICULUM

STRUCTURE OF CURRICULUM

The academic component of the Child Mental Health Specialist Training Program needs to emphasize not only theoretical material but its clinical application as well. It is for that reason that most of the classes are taught by clinicians at the clinical facility rather than on the college campus.

The degree of flexibility regarding the course titles, content, location, instructor assignments, and number of units for credit depends upon the academic facility that the program is associated with.

The Associate of Arts program may provide the coursework with Psychology numbers so that the credit is transferable toward upper-division Bachelor Degree work.

Clinical credit is related to the number of hours spent in the clinical setting per week. It should be no less than one unit credit per semester or quarter. An option is available, also, to the Masters-level students when taking their clinical fieldwork in either Education or Psychology, depending on his/her special interest either in clinical work or education.

The Bachelor-level program may include such options as a Family Counseling course and a Psychological Testing course. In order to do this, however, one of the minority courses may need to be optional.

An outline of the two-year Associate of Arts, Bachelor of Science, Special Masters, and two-year Master of Science in Education/Special Education curriculum, statement of qualifications, and course descriptions can be found in the academic appendix. Each course description has been divided into the following areas:

1. Course Title
2. Outline of Course Content
3. Method of Evaluation
4. Suggested Texts, Materials, and/or Speakers

EDUCATIONAL SPECIALIST CREDENTIAL

For the Master of Science-level students there is an option to complete the Educational Specialist Credential and the Normal Elementary Teaching Credentials in addition to the degree program.

An outline of the Educational Specialist Credential generic course requirements and the Learning Handicapped and Severely Handicapped components follow below. All courses are integrated into the training program.

Specific requirements for the Specialist Instruction Credential in Special Education to qualify to teach either the learning handicapped and/or the severely handicapped include all of the following:

> The twenty-four (24) semester hours or equivalent of upper-division of graduate coursework in the specialist area or related areas include, but are not limited to, coverage of each of the four categories listed below (A, B, C, and D). A minimum of twelve (12) semester hours must cover the advanced components; and these twelve (12) semester hours must be directly related to the qualification sought, either "learning handicapped" or "severely handicapped."

A. Pupil Assessment

Generic Component:

1. Recognition of behavioral commonalities among exceptional pupils.

2. Utilization of current principles, procedures, techniques, and instrumentation in assessing learning and behavioral patterns in exceptional pupils.

3. Assessment of the characteristics and behavior of exceptional pupils in terms of program and developmental needs.

Advanced Component:

1. Assessment of physical, intellectual, social, and emotional characteristics of both exceptional and nonexceptional pupils.

2. Assessment of learning disabilities in relation to psychological, genetic, physiological, social, and cultural conditions.

3. Assessment of motivational and attitudinal differences including, but not limited to, self-control, anxiety, general attitude toward learning, and the acceptance of success.

4. Utilization of systematic observation, academic assessment, clinical teaching, and specialized formal assessment procedures for individualized instruction.

5. Assessment of specific implications of handicapping conditions in relation to learning and maturational growth sequences, including career preparation, in the instructional program.

B. Instruction of Special Education Pupils

Generic Component:

1. Development and effective use of individualized behavioral and instructional objectives and of appropriate instructional objectives and of appropriate instructional processes and strategies.

Advanced Component:

1. Identification of current issues and trends and the utilization of research findings in program implementation.

2. Counseling exceptional pupils and their parents.

C. Evaluation of Pupil Progress and Program Effectiveness

Generic Component:

1. Designing and utilizing pupil performance criteria to evaluate pupil learning and behavior.

2. Evaluating and reporting outcomes of a teaching-learning sequence to pupils and parents and for school records in terms of stated objectives.

3. Evaluation of teaching methods, materials, and media in terms of efficiency in attaining stated objectives.

Advanced Component:

1. Description and evaluation of the several theoretical instructional systems used to design programs for handicapped pupils.

2. Analysis and evaluation of all program elements.

D. Professional Interpersonal Relationships

Generic Component:

1. Utilization of management, communication, and supervisory skills to implement effectively the educational process among administrators, teachers, aides, service personnel, and pupils.

Advanced Component:

1. Application of appropriate intervention to extend interaction among the pupil, his peers, and adults.

2. Planning and conducting parent meetings to discuss program objectives and procedures.

3. Utilization of ethical practices in communication to others about individual pupils.

4. Initiation and pursuit of a program of self-assessment and professional improvement.

> Credit for experience in actual practice in the area of specialization in which qualification is sought may be allowed at the rate of three (3) semester hours for one full year; or its equivalent of such experience may be applied to categories A, B, C, and D. Verification of such experience, by the appropriate district or county official, shall be shown by continued employment in the public schools as a teacher in a program for the learning handicapped or the severely handicapped.

STUDENT TEACHING

Students participating in the Credential program must complete two student teaching semesters, one in the normal elementary classroom and the other in the EH (learning handicapped) classroom. The learning handicapped classroom experience may take place either in the public school setting or an accredited residential elementary school program.

The Education Department at California Lutheran College, in an effort to assess the qualifications of prospective student teachers, has adopted a "portfolio plan." Prior to the student teaching assignment, the candidate will be required to submit to the Education Department a portfolio containing examples of items judged to be essential to successful assumption of student teaching assignments. The portfolio will be evaluated by the Education Department, and only those students submitting acceptable portfolios will be permitted to assume a teaching assignment. Students submitting unacceptable portfolios will be required to make the necessary revisions or corrections in order to be eligible for a student teaching assignment. Failure to submit an acceptable portfolio will restrict a student from a practice teaching assignment.

The following items are to be included in the student teaching portfolio from the various courses that are taken prior to student teaching. Evaluation of the portfolio will be done during the student's last semester of classes.

Portfolio Items:

1. PHILOSOPHY OF EDUCATION: A list of principles that determine the student's concepts of value for choosing goals and means for educational efforts. A philosophy of education is a statement of values, purposes, and reasons for education (basic values of education).

2. THEORY OF LEARNING: A statement of the student's interpretation of the learning process. When does learning take place? Why does learning take place? How does learning take place? What does the learner do when he learns? How do we know when a person has learned?

3. EDUCATIONAL PRACTICE: A statement indicating the student's basic strategy for teaching. How does the student determine, execute, and evaluate a learning experience? The following items should be included:

   a. A lesson plan covering a specific concept or generalization. The plan should include teacher's goals, specific student performance objectives, materials needed for the lesson, motivation techniques, learning activities, evaluation activities, and follow-up activities.

   b. A planned unit of study or long-term lesson plans covering at least three weeks of work. The planning should include an introduction (nature and scope of the plan; the problems, concepts, issues, skills, and activities); instructional objectives (anticipated outcomes stated in outline, list of the topics, subtopics, problems, concepts, activities, and the time required for each); procedures and methods (lecture, fieldwork, committee work, games, audiovisual activities, reports, group work); resources or instructional aids (materials needed to teach the unit), evaluation tests, projects, reports; an illustration of a bulletin board that could be used with the student's long-term plan or unit.

4. STUDENT PROFILE: A profile of a student utilizing such things as tests, anecdotal records, family histories, etc.

5. MATH OR READING GAME - (VISUAL AID): A game, complete with directions or instructions, that can be used where appropriate in a secondary or elementary classroom.

6. MOTIVATIONAL TECHNIQUES: A list of motivational techniques that are applicable to the student's level of teaching.

7. CLASSROOM ENVIRONMENT: A list of methods for teachers to use to effect a desirable classroom atmosphere. The list should include items that contribute to the maintenance of a positive, orderly, stimulating, and educational situation for learning.

8. TEACHING TECHNIQUES: A list of teaching techniques that could be utilized at the student's level of teaching, e.g., independent study, group work, skits, seminars, teaming, contracting, etc.

9. CODE OF ETHICS: A list of ethics that the student feels should apply to educators.

10. PARTICIPATION/OBSERVATION: A list of experiences that the student has gained during participation and observation in various classrooms.

11. PRINCIPLES OF GROWTH AND DEVELOPMENT: A list of principles or growth characteristics (physical, social, intellectual, emotional) that must be considered in creating effective learning environments and planning instructional and management strategies. The student should consider only the age group that he/she will be working with in the classroom.

12. EVALUATION: A list of ways to evaluate student learning or performance.

A student teaching portfolio committee will approve or reject the materials documented on the following form:

STUDENT TEACHING PORTFOLIO

Student ______________________

Evaluation Committee:

____

____

____

____

____

	Satisfactory	Unsatisfactory
Philosophy of Education	______	______
Theory of Learning	______	______
Lesson Plan (Daily)	______	______
Planned Unit/Long-term Plan	______	______
Student Profile	______	______
Math or Reading Game	______	______
Motivational Techniques	______	______
Classroom Environment	______	______
Teaching Techniques	______	______
Code of Ethics	______	______
Participation/Observation Diary	______	______
Principles of Growth/Development	______	______
Evaluation Techniques	______	______

Portfolio Accepted ____________

Date ______________________

California Lutheran College

RYAN ACT: EDUCATIONAL SPECIALIST CREDENTIAL*

(24 Unit Package + Student Teaching if necessary)

The program does not lead to a Master's Degree, although units completed may be applied toward the Master's Degree.

GENERIC COURSES:

Ed. 512A	(3 credits)	CHILD GROWTH AND DEVELOPMENT - NORMAL & EXCEPTIONAL
Ed. 572	(3 credits)	PSYCHOLOGY OF THE EXCEPTIONAL CHILD
Ed. 562	(3 credits)	LANGUAGE & SPEECH DEVELOPMENT & DISORDERS
Ed. 563	(3 credits)	LEARNING CHARACTERISTICS OF THE DEVELOPMENTALLY DISABLED
	12 credits Total	

AND

LEARNING HANDICAPPED (E.H. & L.D.)

Ed. 595	(3 credits)	SEMINAR: LEARNING DISABLED, BEHAVIORALLY DISORDERED, EDUC. HANDICAPPED
Ed. 514	(3 credits)	LEARNING DISABILITIES I: READING PROCEDURES ASSESSMENT & REMEDIATION
Ed. 517	(3 credits)	LEARNING DISABILITIES II MATH PROCEDURES ASSESSMENT & REMEDIATION
Ed. 566	(3 credits)	COUNSELING OF EXCEPTIONAL CHILDREN & PARENTS
	12 credits Total	

OR

SEVERELY HANDICAPPED

Ed. 595	(3 credits)	SEMINAR: T.M.R., MULTIPLE HANDICAPPED, EMOTIONALLY DISTURBED, AUTISTIC
Ed. 560	(3 credits)	LEARNING DISABILITIES III: MOTOR PERCEPTUAL PROCEDURES
Ed. 567	(3 credits)	TECHNIQUES OF TEACHING THE SEVERELY HANDICA. & WORKING WITH THEIR PARENTS
Ed. 564	(3 credits)	ORGANIC & CULTURAL BASIS FOR SEVERELY HANDICAPPED
	12 credits Total	

CHAPTER VII

CLINICAL COMPONENT OF THE CURRICULUM

CLINICAL COMPONENT OF THE CURRICULUM

The Child Mental Health Specialist Training Program is designed to provide a balance of both academic and clinical training. The purpose of the program is to graduate students who are fully capable of putting theory into practice in the care, treatment, and education of children. Each student is required to be actively engaged for a minimum of twenty hours a week in a clinical rotation assignment under the direct supervision of a clinical staff member at all times during the program. The student participates in six such rotations in the course of the two years, each lasting approximately four months. If the student is an employee of the hospital and will be involved directly in patient care during his/her twenty hours of "work" each week, the requirement for "clinical time" is twelve hours a week.

It is important that the student have a wide variety of clinical experiences, and assignments are made with this in mind. Rotations must encompass different types of patients in regard to age, sex, nature and severity of illness; as well as a variety of settings such as cottage, school, gym on the hospital grounds; and community program settings such as Head Start, Childrens Hospital of Los Angeles, UCLA Infant Stimulation, etc.; and supervised by various disciplines: teaching, social work, speech pathology, recreation therapy, nursing, etc. Each supervisor is required to fill out a Clinical Rotation Directory form which indicates what type of experiences and activities a student would have in a clinical rotation with him or her. This is made available for review by students for clinical planning.

The first rotation assignment is made by the training committee. After the first rotation, students are encouraged to select supervisors before they are assigned by the training committee. (See Rotation Assignment Request Form, page 501.) The supervisors also make requests for students that they would like to have assigned. (See Supervisor Rotation Request Form, page 502.) Therefore, it is important to give some thought to future rotations, and to talk with potential supervisors to enlist their cooperation, whenever possible. If a student and a supervisor each request the other and the experience would not be repetitive or otherwise undesirable, the training committee will approve it. There is a list of current rotations of all the supervisors to give students an idea of the possibilities. (See Clinical Directory, pages 510-572.)

The clinical time should have priority in the student's schedule. The specific hours are agreed on between the supervisor and the student. Those students who are on career development will have to accommodate their "work" hours to their CMHS schedule. CMHS students who are also psychiatric technicians are not to be used as unit "coverage" while they are doing their clinical time as students. CMHS students may not be used for "coverage" by any clinical supervisor.

The training committee reviews the clinical rotation requests of both students and supervisors prior to each semester. To assure that students are exposed to the wide variety of clinical experiences, a clinical rotation listing of each student at each level with the current rotation underlined is used. Notations of all assignments and the rationale for training committee recommendations of any rotations other than requested rotations are documented in the training committee minutes. Supervisors are notified prior to each semester of student assignments. (See Student Assignment Notification Form, page 503.)

The CMHS student will have over two thousand hours of supervised clinical experience with normal and disturbed children and adolescents over a twenty-four-month period. The student will be exposed to the autistic, the learning disabled, the delinquent, neglected, abused, behavioral acting out, culturally deprived, the medically and physically handicapped, the communication disordered, the mentally disordered, and developmentally disabled child.

During this program a student should be exposed to, participate in, and develop competence in a majority of the following areas/skills:

1. Establishing a relationship:
   a. with a younger child
   b. with an adolescent
2. Terminating a relationship without trauma:
   a. to child
   b. to self
3. Conducting individual counseling:
   a. with a young child
   b. with an adolescent
4. Conducting group counseling
5. Co-leading group psychotherapy
6. Conducting family counseling
7. Conducting play therapy
8. Conducting supervised individual psychotherapy
9. Conducting small group activities:
   a. in the classroom
   b. outside the classroom

10. Teaching a child perceptual-motor coordination

11. Teaching a child self-care skills

12. Conducting speech and language teaching-therapy

13. Managing a classroom:

    a. normal classroom in the community
    b. educationally handicapped classroom in the community or hospital setting

14. Utilizing and applying behavior management

15. Utilizing and applying impulse-control techniques

16. Setting appropriate limits and guiding the child into respecting them

17. Stating what developmental stage (e.g., Piaget) a child is in as indicated by his/her behavior

18. Interpreting the message(s) in a child's behavior

19. Communicating with a child on a level consistent with a child's abilities

20. Evaluating a child's physical environment, either defending it or suggesting change(s) so that it promotes desired behavior and growth

21. Arranging the child's environment so that it promotes desired behavior and makes undesirable behavior difficult or impossible

22. Suggesting adaptive behaviors that could be substituted for maladaptive behaviors

23. Assessing learning disabilities:

    a. motor-perceptual
    b. speech and language
    c. reading
    d. arithmetic

24. Selecting remedial materials appropriate for a given child

25. Planning:

    a. a total treatment program (nonacademic)
    b. an academic treatment program

26. Implementing:

    a. a total treatment program (nonacademic)
    b. an academic treatment program

27. Evaluating a child's:

    a. social progress
    b. emotional progress
    c. academic progress

28. Evaluating:

    a. nonacademic treatment program
        (1) in terms of appropriateness of components
        (2) in terms of child's progress
        (3) in terms of the growth of student's professional competencies
    b. academic program
        (1) in terms of appropriateness of components
        (2) in terms of child's progress
        (3) in terms of the growth of student's professional competencies

29. Prescribing further treatment alternatives

30. Assisting in the admission of children to residential treatment

31. Describing how each of these children exhibits symptoms of impending crisis

32. Describing at least one type of situation likely to precipitate a crisis in each of five specifically identified children, given their case histories

33. Describing actions to prevent impending crises in various situations

34. Handling crisis situations when they occur:

    a. with individual child
    b. in group activities

35. Diagnostic and prescriptive teaching of reading:

    a. to normal children
    b. to children with learning disabilities

36. Teaching math:

    a. to normal children
    b. to children with learning disabilities

37. Serving as a classroom aide to a teacher

38. Selecting diagnostic tests appropriate for child to be tested and purpose of testing

39. Administering diagnostic tests

40. Utilizing diagnostic test results when planning treatment

41. Participating in research activities:

    a. designing research studies
    b. collecting data
    c. analyzing data
    d. implications from research finding
    e. reading research articles critically (assessing their validity and significance)

42. Serving as a director of a residential treatment center, day care center, etc.

43. Coordinating a training program similar to this program at other locations

44. Evaluating the services that you can provide as a member of a team

45. Evaluating your strengths and weaknesses as a Child Mental Health Specialist

46. Evaluating other individuals' strengths and weaknesses as Child Mental Health Specialists

47. Recognizing a child's need for medical and nursing attention

48. "Parenting skills" such as:

    a. providing flexible but reliable responses in meeting the child's need for affection, love, and empathy
    b. providing a model for appropriate behavioral expression of anger, love, frustration, disappointments, etc.
    c. feeding back to the child an understanding and an evaluation of the child's communications

49. Developing and implementing appropriate prevocational training

The above skill-competencies list has been used as a self-evaluation tool for students regarding competency on a continuum five-point scale, from not competent to extremely competent. It may also be used to evaluate skills competencies at various academic/training program levels (A.A., B.S., M.S.) at the completion of the student's program. (See sample at the end of this chapter.)

It is important that each student receive constant feedback during each clinical rotation experience. It is for that reason that a minimum of one hour per week be spent in student-supervisor evaluation sessions. Also, so that there is written documentation for each student's file, a midsemester and final-semester evaluation form is filled out, reviewed and signed by both the student and the supervisor. A student evaluation form has been designed for various clinical settings such as classroom, communication disorders, and cottage performance. (See Student Evaluation Form -- Classroom Performance; Communication Disorders Service; and Cottage Performance - pp. 112-118.) If a supervisor feels that any of the above forms are inadequate, that supervisor may write an evaluation which indicates the following:

1. Dates of assignment
2. Brief description of population/case load

3. Types of student activities
4. Skills anticipated
5. Skills accomplished
6. Overall rating (unsatisfactory to excellent)
7. General comments/recommendations

Each student is asked to submit a clinical schedule to both document their twenty-hour clinical schedule and to aid in locating a given student in emergency. (See Student Clinical Weekly Schedule Form, page 504.)

Students are also expected to provide the training program with feedback about the supervisors so as to continue high standards of clinical work. A supervisor's evaluation form is also filled out, reviewed and signed by both the student and the supervisor. (See Supervisor Evaluation Forms, pages 119-122.)

As indicated previously, each student is involved in six clinical rotations over the twenty-four-month program. Clinical experience does not stop there, however. Students at the Bachelors and Masters levels participate in what California Lutheran College refers to as the "January Interim." This is a four-week intensive course, both classroom and clinical, in The Dependent Child--Social Work and Juvenile Delinquency--Probation at the Bachelor of Science level, and Diagnostic Testing and Public Administration at the Master of Science level. Here, also, student/supervisor evaluations are required and documented. (See Student Interim Evaluation Form, page 126; Agency Interim Evaluation Form, pages 127-129.)

The overall responsibility for the clinical component lies with the clinical coordinator. The clinical coordinator is responsible for determining whether or not student needs are met in the assigned clinical setting; also, for setting up new clinical experience options, documenting clinical experiences through various evaluation reviews, supervising all clinical supervisors, and advising students in their clinical program planning.

SKILL COMPETENCIES

Referring to the list of skill competencies, indicate on the following five-point scales

A. Overall competence of A.A. Trainees in each area listed at the completion of their program

B. Overall competence of B.S. Trainees in each area listed at the completion of their program

C. Overall competence of M.S. Trainees in each area listed at the completion of their program

	A					B					C				
	Not Competent			Extremely Competent		Not Competent			Extremely Competent		Not Competent			Extremely Competent	
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1. a.															
b.															
2. a.															
b.															
3. a.															
b.															
4.															
5.															
6.															
7. a.															
b.															
8.															
9.															
10.															
11. a.															
b.															
12.															
13.															
14.															
15.															
16.															
17.															
18.															

(Center for the Study of Evaluation, UCLA, May 1976)

CHAPTER VIII

EVALUATION OF THE TRAINING PROGRAM

A. EVALUATION OF THE TRAINING PROGRAM

1. Explanation of Rating Terms for School Performance Form
2. Student Evaluation Form - School Performance
3. Student Performance Evaluation Form - Communication Disorders
4. Student Evaluation Form - Cottage Performance
5. Supervisor Evaluation Form (1)
6. Supervisor Evaluation Form (2)
7. Student Course Evaluation Form
8. Student Interim Evaluation Form
9. Agency Interim Evaluation Form

B. ALTERNATIVE EVALUATION

EVALUATION OF THE TRAINING PROGRAM

Evaluation is an important aspect of the training process. This is particularly true when dealing with training in the clinical field and when training professionals and paraprofessionals in the child mental health field. We have, therefore, at the start of our training program devised a number of forms with which to get feedback from the trainees as well as from their instructors and supervisors about the effectiveness of the training program. We have asked the trainees to provide us with feedback about the effectiveness of the instructors in the teaching of the academic curriculum and the effectiveness of their supervisors in the clinical field. Other forms which we have devised deal with feedback from the instructors and clinical supervisors about the trainees. These evaluation forms are included in the manual as guidelines and possible use in other training programs.

To provide us with an unbiased evaluation of the total program, the Center for the Study of Evaluation, UCLA Graduate School of Education at Los Angeles, was commissioned to conduct an evaluation of the Child Mental Health Specialist Training Program at the Camarillo training site. The forms used in this evaluation and the results of the evaluation are contained in a separate volume, Appendix III - Volume IV, under the title, "Final Report--Evaluation Study of the Child Mental Health Specialist Training Project at the Norbert I. Rieger Children's Treatment Center of Camarillo Hospital," which are available on request to other training programs.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital

STUDENT EVALUATION FORM -- CLASSROOM PERFORMANCE

Explanation of Rating Terms for Classroom Performance Form:

These are many of the areas related to working with emotionally disturbed children which, hopefully, will be mastered by the students who will be trained while on rotations at the Children's Center School. While these skills are important for all students to learn, they take on added emphasis for the Master's Degree students who are preparing for formal student teaching. The following skills should be long-range goals for all Master's candidates. These goals are expected to be mastered by the time student teaching formally begins.

1. Student is a self-starter:

   Student and/or student teacher ought to show without a doubt that he or she is a self-starter. This means the student shows independently the skill and initiative to create programming within the school setting. This includes academic and social programming.

2. Student shows willingness to learn:

   Student will show an eagerness to learn about exceptional children. This includes willingness to learn from the presence of children and the modeling of experienced staff members.

3. Student shows growth in learning and practice:

   Student shows solid evidence over reasonable periods of time that he or she is continuing to assimilate new learning experiences and transferring it to practical use.

4. Group management skills:

   Student and/or student teacher ought to show without a doubt that he or she does plan, expedite, and control the management of group activities. This includes adademic instruction as well as general group activities of a social or recreational nature.

5. Decision making:

   The goal reflects an ability to make decisions, while working with disturbed children, which are proper within the limited amount of time given. This would include general decision making as well as specific "crisis" situations.

6. Discipline skills:

   a. The goal is to show firm control within his or her style of discipline.
   b. Discipline should be clear and good for the child.
   c. (For those applicable) Student teachers ought to show that he or she can discipline students properly independently of the master teacher.

7. Sensitivity to the art of teaching:

   Although this may be an elusive category, this is one of the most essential skills needed to work successfully in the school setting with children. The student and/or student teacher should show a real sensitivity to the teaching moment or the teaching situation. This means that he or she is aware of the dynamics of the teaching moment. This would include knowing how and when to change the teaching approach to fit the needs of the moment.

8. Responsible to children and program:

   Student and/or student teacher must show that he or she is responsible to assigned children and program. This includes dependability and an earnest effort to help children.

9. Communication skills and pupil response:

   Student and/or student teacher ought to display clear communication with the level of child with whom he or she is working. It would then be expected that response for proper learning would be forthcoming from the children.

10. Choice and use of proper teaching materials:

    The goal is for students and/or student teachers to develop and show the necessary skill and knowledge to select and properly use teaching materials. This would include preacademic and academic levels relative to the child's needs.

11. Assessment and prescription of children's needs within the school setting:

    a. The goal is for students and/or student teachers to show that they can informally assess daily programs.
    b. In addition, student teachers ought to show that they can administer formal diagnostic tests which assess and prescribe for preacademic and academic needs.
    c. Student's goals ought to include skills for assessing and prescribing, formally, or informally, for the social and behavior needs of their programs.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital

STUDENT EVALUATION FORM -- SCHOOL PERFORMANCE

This evaluation form will be placed in the Treatment Center Training folder and will be reviewed by the Training Committee. This form is to be discussed with the student and signed by the teacher and student.

Student's Name: ____________________ Training Degree: AA BS MS

Training Rotation: I II III IV V VI Dates of Assignment: __________ to __________

Brief description of classroom population: ____________________

____

RATING SCALE: CHECK

DNA - Does not apply; 1 - Unsatisfactory; 2 - Weak; 3 - Satisfactory; 4 - Good; 5 - Excellent

	DNA	1	2	3	4	5
1. Student is a self-starter.						
2. Student shows willingness to learn.						
3. Student shows growth in learning and practice.						
4. Group management skills.						
5. Decision making.						
6. Discipline skills.						
7. Sensitivity to the art of teaching.						
8. Responsible to children and program.						
9. Communication skills and pupil response.						
10. Choice and use of proper teaching materials.						
11. Assessment and Prescription skills. (Academic, Social, including Testing when applicable.)						
12. Overall Rating.						

COMMENTS: ____________________

____

____

Signature and Title ____________________ Date __________
Teacher

Signature and Title ____________________ Date __________
Student

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo, California

STUDENT PERFORMANCE EVALUATION FORM

COMMUNICATION DISORDERS SERVICE

This evaluation form will be placed in the Treatment Center training folder and will be reviewed by the Training Committee. This form is to be discussed with the student and signed by the therapist and student.

Student's Name: ______________________________ Training Degree: AA BS MS

Training Rotation: I II III IV V VI Dates of Assignment: ____________ to ____________

Brief description of case load: ______________________________

____

RATING SCALE: Check: 1 - Unsatisfactory; 2 - Weak; 3 - Satisfactory; 4 - good; 5 - Excellent

	1	2	3	4	5
1. Student is able to establish and maintain an effective therapeutic relationship with respect to:					
a. Awareness of the impact of his relationship on the child.					
b. Understands the child's emotional needs and their therapeutic implications.					
c. Attempts to deal with these needs.					
2. Student is able to draw up and implement appropriate treatment plans.					
3. Student is able to choose (or make) materials appropriate to the child and therapeutic goals.					
4. Student is able to communicate with the child on a level consistent with the child's abilities.					
5. Student is able to assess and evaluate the therapy sessions with respect to effectiveness of procedures and materials.					

RATING SCALE: Check:	1	2	3	4	5
6. Student is able to take appropriate steps to modify manner of presentation and/or materials when necessary.					
7. Student is able to effectively conduct group therapy sessions.					
8. Student is able to administer and interpret diagnostic tests (formal/informal/both).					
9. Student makes use of criticism and suggestions offered by supervisor and staff.					
10. Student is reliable and responsible to the children and the program.					
11. Overall Rating					

Comments: ______________________________

____

____

____

____

Signatures and Titles:

______________________________ Supervisor ______________ Date

______________________________ Student ______________ Date

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital

STUDENT EVALUATION FORM -- COTTAGE PERFORMANCE

This evaluation form will be placed in the Treatment Center Training folder and will be reviewed by the Training Committee. This form is to be discussed with the student and signed by the teacher and student.

Student's Name: ______________________ Training Degree: AA BS MS

Training Rotation: I II III IV V VI Dates of Assignment: __________ to __________

Brief description of cottage population: ______________________

RATING SCALE: CHECK

DNA - Does not apply; 1 - Unsatisfactory; 2 - Weak; 3 - Satisfactory; 4 - Good; 5 - Excellent

	DNA	1	2	3	4	5
WORK ON THE COTTAGE:						
1. Parenting Skills:						
a. Self-care skills.						
b. Discipline - limit setting.						
c. Interaction with the children in unstructured situations (playground, day hall, etc.).						
2. Group work - structured group time:						
a. Does student have control over group?						
b. Does student remain in contact with all the children in the group?						
c. Does the student use a positive approach in dealing with the children?						
d. Does student have objectives and ways of implementing and evaluating them?						
3. One-to-one therapeutic relationships						
a. Does student have capacity to form therapeutic relationships with a child?						
b. Does student have awareness of individual, family, and peer dynamics as they relate to that child?						
c. Does student show sensitivity of the impact of his/her relationship on the child, e.g., missed sessions, separation?						
d. Does student have objectives and ways of implementing and evaluating them?						

STUDENT EVALUATION FORM -- COTTAGE PERFORMANCE

	DNA	1	2	3	4	5
4. Efforts at trying to work as members of the team:						
a. Does student show capacity to be flexible in attempting to deal with a variety of diverse personalities?						
b. Does student deal maturely with staff members invested with authority?						
c. Does student attempt to be supportive of others on the staff?						
d. Does student show openness to compromise and discussion of divergent points of view?						
OTHER ITEMS:						
1. Does student show empathy for the children?						
2. Does student show an understanding of their problems?						
3. Does student seek out, or benefit from, the input or ideas of others?						
4. Does student show imagination and initiative in developing own ideas and direction? (i.e., Is he a self-starter?)						
5. Is student resourceful and adaptable in responding to unexpected or difficult situations or problems?						
a. How does student deal with crisis situations?						
b. How does student deal with ambiguity and change?						
6. Is student a responsible and reliable worker?						
7. Self-awareness:						
a. Is student aware of the personal issues that arise in dealing with children and staff?						
b. Does the student attempt to deal with these issues?						
8. Overall Rating:						

COMMENTS: ______________________________

____

____

Signature and Title ______________________________ Date ______________
Teacher

Signature and Title ______________________________ Date ______________
Student

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital

SUPERVISION EVALUATION

Student: ______________________________

Supervisor: ______________________________

Date: ______________________________

Please answer this form as candidly as possible. Do not be limited by the space allotted each question. Use the general comments section to describe anything not covered in the previous questions.

1. Do you feel your supervisor has a program for training students? Explain.
2. Were you given sufficient structure?
3. Were you given sufficient freedom and responsibility?
4. Did you feel you had adequate supervision?
5. Did you feel you got adequate feedback from the supervisor and staff?
6. Were you able to schedule your work satisfactorily?
7. What suggestions would you have for a student assigned to this supervisor?
8. What suggestions would you have to modify this rotation for more growth for the next student?
9. Would you feel comfortable working with this supervisor again?
10. What significant things did you learn or experience?
11. Overall rating - circle:

    Excellent   Good   Fair   Poor   Unsatisfactory

12. General Comments:

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM
The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital

SUPERVISOR EVALUATION FORM

Student: ______________________

Supervisor: ______________________

Date: ______________________

RATING SCALE: Check One: DNA - Does Not Apply; 1 - Unsatisfactory; 2 - Weak; 3 - Satisfactory; 4 - Good; 5 - Excellent

	DNA	1	2	3	4	5
1. Do you feel your supervisor has a program for training students?						
a. Did you have contact with children individually?						
b. In groups?						
c. On cottage?						
d. In classroom?						
2. Did your supervisor make you aware of his/her profession's relationship to the child?						
3. Did the supervisor make known community resources in his/her profession?						
4. Did supervisor translate practical application of theory in setting?						
5. Did supervisor introduce you to: a. Other staff members in setting?						
b. Physical setting?						
c. Organizational structure (i.e., how speech therapist fits into C.U.)?						
d. Policies and procedures of his profession?						
e. Other staff at C.U. in their profession?						

RATING SCALE: Check One:	DNA	1	2	3	4	5
6. Did your supervisor provide sufficient structure for your needs?						
a. Were you given freedom and responsibility in your areas of strength?						
b. Were you given support in areas of weakness?						
7. Did you feel you had adequate supervision?						
a. Did you feel able to make needs known?						
8. Did you feel you received adequate feedback from your supervisor?						
a. Did you meet according to your needs?						
b. Did your supervisor point out strengths?						
c. Did your supervisor comment on how you handle relationships (with child, family, staff, etc.)?						
d. Did your supervisor offer help in your areas of weakness?						
9. Were you able to schedule your work satisfactorily?						
a. Did you feel your needs were met?						
b. Do you feel you started as coverage?						
c. Do you feel you were able to participate in determining your experience in the rotation?						
10. Would you feel comfortable working with this supervisor again?						
11. Overall Rating						

12. What experiences were outstanding in this rotation?

____

12. (Continued)

13. What experiences were not satisfactory in this rotation?

14. General Comments:

Student: ____________________ Date: ____________________

Supervisor: ____________________ Date: ____________________

(Both people please sign)

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital

STUDENT COURSE EVALUATION

A.A., B.S., M.S.

Date: ______________________________

Course Title: ______________________________

Course Number: ______________________________

Instructor: ______________________________

Class Time: ______________________________

1. Were the course objectives clearly stated at the beginning of the semester?

   Yes_____, No_____

2. Were the course lectures and materials well organized?

   All of the time_______, Most of the time_______, Some of the time_______, None of the time_______

3. Was the instructor an interesting lecturer?

   All of the time_______, Most of the time_______, Some of the time_______, None of the time_______

4. Did it seem that the instructor had a good knowledge of the course subject material?

   All of the time_______, Most of the time_______, Some of the time_______, None of the time_______

5. Was the instructor able to adequately convey the course content through his/her lectures?

   All of the time_______, Most of the time_______, Some of the time_______, None of the time_______

6. Did the instructor adequately integrate theory and clinical practice in his/her course content?

   All of the time_______, Most of the time_______, Some of the time_______, None of the time_______

7. Did exposure to this particular class motivate you to do outside research and/or reading on the course material?

   Yes_______, No_______, Sometimes_______

8. Was the system of grading by the instructor fair? (i.e., Did the instructor make clear how grades would be determined?)

   Yes_______, No_______, DNA_______

9. Were you satisfied with the methods of testing employed by the instructor?

   Yes_______, No_______, DNA_______

	All	Most	Some	None
a. Tests were too difficult				
b. Tests were ambiguous in content				
c. Tests were poorly constructed				
d. Tests were too numerous				
e. Other				

10. Were the work assignments throughout the course reasonable in amount?

    All of the time_______, Most of the time_______, Some of the time_______,
    None of the time_______

    a. Too much work:

       All of the time_______, Most of the time_______, Some of the time_______,
       None of the time_______

    b. Was a connection made between work and course objective/contents?

       All of the time_______, Most of the time_______, Some of the time_______,
       None of the time_______

    c. Was the outside work required in this course? Yes_______, No_______

    d. Other (please specify):

11. Was the material presented in the lectures total in scope as contrasted to narrow or one-sided?

All of the time_______, Most of the time_______, Some of the time_______,

None of the time_______

12. Would you recommend this course to someone entering the field in which you are presently engaged?

Yes_______, No_______

13. Do you feel that the information received or methods taught in this course will be applicable to you in your future academic training or employment?

Yes_______, No_______

14. Was there sufficient opportunity for class participation?

All of the time_______, Most of the time_______, Some of the time_______,

None of the time_______

15. List any ways which you feel the instructor could use to enhance or improve this course:

16. How would you generally rate this instructor?

Excellent_______, Good_______, Fair_______, Poor_______, Yuck_______

17. How would you generally rate this course?

Excellent_______, Good_______, Fair_______, Poor_______, Yuck_______

18. General Comments:

Signature (optional)______________________________

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center

STUDENT INTERIM EVALUATION

Student's Name: ____________________ Name of Interim: ____________________

Level of Training: ____________________ Instructor: ____________________

Agency Placement: ____

Dates of Placement: ____________________ to ____________________

Activities during Placement:

Evaluation of Placement (circle):

1. As a Treatment Agency: Excellent Good Fair Poor Undesirable
2. As a Training Experience: Excellent Good Fair Poor Undesirable

Would you recommend this placement for another student? Yes No

Reasons:

Evaluation of Classroom Experience:

1. Course Content: Very Useful Useful Not Useful A Waste of Time
2. Instructor's Expertise: Excellent Good Fair Poor
3. Instructor's Delivery of Material: Excellent Good Fair Poor
4. Comments and Recommendations:

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

INTERIM

AGENCY EVALUATION

Student's Name: ____

Agency: ____

Supervisor: ____

Agency Functioning

Please be aware that this evaluation sheet may be filled in by use of the rating scale, narrative, or both.

Rating Scale

1. Is poor in this area. (Improvement)
2. Needs a lot of improvement in this area.
3. Is average in this area.
4. Works at an above average level in this area.
5. is superior in this area.

Agency Functioning

1. How well does student work with staff?

2. How well does student understand the concepts, purposes, and functioning of the agency?

3. Does the student work the required number of hours, and is the student reliable?

4. Is the student flexible?

Student Participation (Role)

1. How well does the student take on the assigned tasks (please specify these tasks)?

2. Does student show initiative and creativity?

3. Does student reflect a theoretical basis of understanding in the mental health field?

4. Does student exhibit a level of professionalism?

5. What effect, if any, has student had on the agency?

6. What effect, if any, has the agency had on the student?

General Comments:

Please relate experiences which your student performs unique to your agency and how well he performs these.

Supervisor's Signature

Student's Signature

Date

ALTERNATIVE EVALUATION

A. ALTERNATIVE EVALUATION OF TRAINEES

  1. Booklets
  2. Student Special Trait List
     a. Student Special Trait List Form
  3. Student Progress Notes
     a. Student Progress Nores Form

B. EVALUATION OF INSTRUCTORS

  1. Instructor Special Trait List [illegible]
  2. Instructor Progress Notes Form

C. EVALUATION OF THE PROGRAM

  1. Questionnaire for Trainers' Evaluative Opinions
  2. Questionnaire for Students' Evaluative Opinions
  3. Graduates' Evaluative Opinions Form

D. FOLLOW-UP

  1. Employer's Evaluation Form

ALTERNATIVE EVALUATION OF TRAINEES

The evaluation forms illustrated in this section may be used as an alternative evaluation procedure to that used at the Camarillo Child Mental Health Specialist Training Program.

In the academic section, trainees/students are evaluated according to the grading system of the particular participating academic institution. Evaluation in the clinical area is based on performance related to specific performance objectives. Trainees are evaluated according to the number of objectives they have successfully achieved.

Booklets:

Clinicians are busy people who cannot be expected to take on a heavy load of instructorial bookkeeping in order to keep track of the objectives the trainees have or have not met. To simplify record keeping, booklets in which all the performance objectives are listed are supplied to each trainee. When trainees successfully meet an objective, the instructor or supervisor dates and signs that objective. The booklets are pocket sized so that trainees can carry them at all times; and since each trainee's progress is determined by the number of objectives that are checked off, he or she will see to it that the booklet is kept up to date. A brief look at the booklet tells trainee, instructor, supervisor or program director what has been learned and what still needs to be learned by any trainee at any time.

The booklet is only a sample of a few limited objectives. The training objectives could be expanded in line with the objectives of other training programs.

CHILD MENTAL HEALTH SPECIALIST

TRAINING RECORD

Name ______________________

Address ______________________

____

____

Phone ______________________

(This is an important record. If found, please return to owner.)

Learning activities of the training program are related to specific performance objectives. Some of the objectives are designed to indicate your knowledge, others are related directly to job performance. In a practice as complex and variable as human interaction, no simple, routine task-breakdown recipe can serve as an absolute standard. Nevertheless, for heuristic purposes, the continuum of subject matter has arbitrarily been broken into discrete categories; and performance objectives have been prepared for each category, together with a checklist of criteria by which your performance will be judged. Objectives and criteria are in the training packet, and the objectives are also listed in this booklet.

The criteria are a further attempt to objectify the means by which you will be evaluated so that future instructors, or employers will know specifically what performance to expect from you. Of necessity, some of the criteria require subjective judgment on the part of instructors; but these are based on overt, observable behavior required of trainees. With experienced and sensitive instructors the resulting evaluations will be sufficiently uniform without being mechanical.

Keep this booklet with you at all times during training. It has deliberately been kept small enough to fit into your pocket. Whenever you have demonstrated the performance specified by an objective to the satisfaction of your instructor, have the instructor write the date and his or her initials in the blank space to the left of the objective in this booklet. This is your record of progress, and it is your responsibility to keep it current.

Although the objectives are grouped and sequenced, such a prearranged progression cannot be maintained in a work experience program. You will be rotating through various facilities; and your opportunities to observe, learn, and perform will be dictated by the needs of the children as they arise. This is a further reason for keeping the record of what you have done accurate and up to date. You and your instructors will then be able to tell at a glance what you still need in order to complete your training, and your instructors will have a guide to the amount and type of responsibility they can safely assign to you.

PERFORMANCE OBJECTIVES

RELATIONSHIP (R)

______ R 1. Define relationship as reciprocal communication without barriers and with attendant behavioral interaction.

______ R 1a. Discriminate between existence and nonexistence of relationships.

______ R 2. Describe in detail the stages of normal mother-infant relationship.

______ R 2a. Discuss how a breakdown at any stage of the mother-infant relationship is involved in the problems of disturbed children.

______ R 2b. Compare the progress of a therapeutic relationship to a mother-infant model.

______ R 2c. Describe the stage at which a child is, as far as ability to accept relationship is concerned, (chronologically and clinically).

______ R 3. Be able to call upon broad repertoire of skills, knowledge, and interests in order to develop a relationship with the child on the child's own terms.

______ R 4. Establish a relationship with a group of children.

______ R 5. Establish a relationship with at least one individual child.

______ R 5a. Terminate the relationship without trauma to self or child.

______ R 6. Establish satisfactory working relationships with staff and other trainees.

______ R 7. Establish wholesome social relationships.

THERAPEUTIC MILIEU (TM)

______ TM 1. Name the two major components of a therapeutic milieu and describe at least three requirements of each.

______ TM 1a. Contrast consequences of custodial care of the children with the application of therapeutic milieu.

______ TM 2. Describe in detail (including size, shape, color; number, size and placement of windows and doors; furniture, built-ins, etc.) areas suitable for: play, learning, eating, sleeping, social intercourse, privacy, therapy.

______ TM 2a. Where possible select and arrange settings appropriate to the activities for which they were chosen.

______ TM 3. Given the Therapeutic Milieu Checklist (page in manual), give at least one example to illustrate each item.

______ TM 4. Participate in planning therapy and integrate the agreed upon therapeutic plan for each child with all interactions with that child.

CONTROL, DISCIPLINE, PUNISHMENT (CDP)

______ CDP 1. Discriminate between adaptive and maladaptive behavior. (For what child.) (At what time.)

______ CDP 2. Arrange the physical environment so as to minimize opportunities for maladaptive behavior.

______ CDP 3. Interrupt maladaptive behavior by substituting more enticing adaptive behavior.

______ CDP 3a. Stop maladaptive behavior when substituting is not feasible.

______ CDP 4. Recognize impending crises.

______ CDP 5. Discriminate between times when crises should be allowed to erupt and when they should be prevented.

__________ CDP 6. Take steps to prevent crises when necessary.

__________ CDP 7. Intervene in crises when they arise.

__________ CDP 7a. Manage child's temper tantrums appropriately.

__________ CDP 8. Offer self as a model of self-discipline.

__________ CDP 8a. Educate child to get along with peers and staff and to respect property.

__________ CDP 9. Avoid contaminating children's problems with one's own.

__________ CDP 10. Interpret and deal with the message behind the child's behavior.

__________ CDP 11. Recognize each child's individuality and treat each as an individual.

__________ CDP 12. Establish contact with a withdrawn child.

PLAY THERAPY (PTH)

__________ PTH 1. Define Play Therapy (including distinction between Play and Play Therapy).

__________ PTH 2. Describe the difference between playroom and play-therapy room (including materials).

__________ PTH 3. Participate in planning the session, including physical arrangement and choice of material.

__________ PTH 4. Establish contact: a. initial session; b. each session.

__________ PTH 5. Establish close relationship aimed towards ultimate separation, independence, self-reliance.

__________ PTH 6. Set appropriate limits and guide child into respecting them.

__________ PTH 7. Use Communication therapeutically.

__________ PTH 8. Write therapy report.

THERAPEUTIC NURSERY SCHOOL (TNS)

__________ TNS 1. Write an essay on the purpose of a nursery school

__________ TNS 2. Participate in operating a therapeutic nursery school.

__________ TNS 3. Describe the procedures necessary for administering a therapeutic nursery school.

__________ TNS 4. Plan the physical layout of a therapeutic nursery school (indoors).

__________ TNS 4a. Plan the physical layout of a therapeutic nursery school (outdoors).

__________ TNS 5. Select materials for a therapeutic nursery school.

__________ TNS 6. Develop a program for a Therapeutic Nursery School

__________ TNS 7. Prescribe program for the individual child.

COMMUNICATION (C)

__________ C 1. Model good speech and language.

__________ C 2. Differentiate between sounds, speech, language, and communication.

__________ C 3. Develop an environment that will stimulate the child to talk.

__________ C 4. Administer oral periphery muscle examination.

__________ C 5. Teach feeding techniques (chewing, sucking, swallowing).

__________ C 6. Tell child how to use speech muscles.

__________ C 7. Administer Spondee word list.

____________ C 8. Read an audiogram.

____________ C 9. Administer the "little red house" articulation test.

____________ C 10. Reproduce speech errors that child makes.

____________ C 11. Teach the speech sounds.

____________ C 12. Teach child to use words meaningfully.

____________ C 13. Present word vocabulary in appropriate sequence.

____________ C 14. Use sign language.

____________ C 15. Use the Montessori grammar lessons.

____________ C 16. Teach reading.

____________ C 17. Teach writing.

____________ C 18. Select remedial materials appropriate for a given child.

____________ C 19. Use audio-visual aids (tape recorder, movie, and slide projector), and choose appropriate time to use them.

Student Special Trait List:

Use of the booklet eliminates much paperwork documenting an objective evaluation of trainees' progress. In addition, subjective evaluations are required; and these, too, must be documented. This will require some paperwork on the part of instructors, but it can be minimized by the use of a Special Trait List. This limits documentation to only those areas in which trainees vary significantly from the norm. All those areas in which instructors are satisfied that a trainee is functioning adequately need not be noted. Absence of notation indicates such adequacy. Paperwork is thus reduced to reporting only exceptional traits, both positive and negative. These are numbered, named, and dated on the Special Trait List.

(See attached "Student Special Trait List")

STUDENT: ____________________

STUDENT SPECIAL TRAIT LIST

INSTRUCTOR: ____________________

FACILITY: ____________________

#	TRAIT	DATE FIRST NOTED	IF PROBLEM, DATE RESOLVED

Student Progress Notes:

A monthly subjective evaluation of each trainee is required from the clinical instructors. By keying these reports to the special trait list, reports are confined to just those special traits. Progress of each of these traits is reported, and plans related to dealing with the traits are recorded. Plans for overcoming negative traits (problems) are entered in a special column. When problems are resolved, this is noted on the Special Trait List, and that trait need not be recorded further. Plans for dealing with positive as well as negative traits should be entered in the "Plan" column. A trainee's positive traits can be used as a model for other trainees, special abilities can be utilized by having a trainee serve as tutor to his or her peers, or special ability in a particular area may suggest shortening a trainee's assignment to that area. In short, plans should be made to make use of positive traits; and these plans should be noted.

(See attached "Student Progress Notes")

STUDENT PROGRESS NOTES

STUDENT: ____________________

INSTRUCTOR: ____________________

FACILITY: ____________________

#	DATE	TRAIT	PROGRESS	PLAN

EVALUATION OF INSTRUCTORS

Instructors are evaluated by the training committee, training director, or an assigned training supervisor, using forms similar to those above.

(See attached: "Instructor Special Trait List"
and
"Instructor Progress Notes")

INSTRUCTOR SPECIAL TRAIT LIST

INSTRUCTOR:

SUPERVISOR:

FACILITY:

#	TRAIT	DATE FIRST NOTED	IF PROBLEM, DATE RESOLVED

INSTRUCTOR PROGRESS NOTES

INSTRUCTOR: ________________

SUPERVISOR: ________________

FACILITY: ________________

#	DATE	TRAIT	PROGRESS	PLAN

EVALUATION OF THE PROGRAM

Ongoing evaluation of the program itself is required to offer feedback for continuing self-improvement. In addition to external evaluation, opinions should be solicited from trainers and trainees (both before and after graduation). Forms for recording such opinions follow.

(See attached: "Questionnaire for Trainers' Evaluative Opinions"
"Questionnaire for Students' Evaluative Opinions"
"Questionnaire for Graduates' Evaluative Opinions")

QUESTIONNAIRE FOR TRAINERS' EVALUATIVE OPINIONS

1. How many students, from which academic programs, did you supervise in the past semester?

A.A.________ B.A.________ M.A.________

2. Do you find that training students results in:

Saving time________ (Work done by students more than offsets time required for training)	Roughly an equal trade-off________	Adding______hrs/wk to your work load (Student work does not offset time for training)

3. Do you find your involvement in training students to be:

A stimulating challenge________ that helps you upgrade your own performance	Not useful to you________ but worth continuing because of value to students and society	Not worth________ continuing

4. Please comment freely about the advantages and disadvantages to you of the training program:

____

____

____

____

____

____

5. If you had your choice, in what way would you change the program?

____

____

____

____

____

____

____

____

____

____

6. Please rate the usefulness of the following parts of the program to you in training students:

	DNA	Excellent 4	3	2	Unsatis-factory 1
Performance Objectives					
Suggested learning activities					
Suggested readings					
Supplied texts					
Suggested learning materials (films, tapes, etc.)					
Supplied learning materials					
Training Record Booklets					
Training Manual					

7. Please comment freely on any items in question #6:

8. What other types of material would be useful to you?

CHILD MENTAL HEALTH SPECIALIST TRAINING PROJECT

A NIMH Supported Experimental Training Program

QUESTIONNAIRE FOR STUDENTS' EVALUATIVE OPINIONS

1. In which program are you enrolled? A.A._______; B.A._______; M.A._______.

   How long have you been in the program? ______________________________

2. Is the program what you expected?

   Yes _________

   No _________ Is it:

   Better? _________ In what way?

   Not as good? _________ In what way?

   Neither better or worse but different. _________ In what way?

3. What experience(s) in the program has been most helpful to you? Explain:

4. What experience(s) in the program has been least helpful to you? Explain:

5. If you had your choice, in what way would you change the program?

6. How would you rate what you have experienced from the program with respect to:

	Excellent 4	3	2	Unsatis-factory 1
Knowing about children				
Dealing with children				
How to get along with adults				
Your own self-awareness and emotional growth				
Your intellectual growth				
Your own self-confidence				

7. What are your plans from here on?

8. Have your plans changed since enrollment? If so, in what way?

9. Is there enough of the following in the program?				Do you feel you are being adequately prepared in this area?	
	Too Little	Enough	Too Much	Yes	No
One-to-one Therapy					
Community Work					
Child Placement					
Family Counseling					
Occupational Information and Preparation					
Satellite Home					
Day Care Center					
Practice Teaching					
Special Education Techniques					
Creative Art Techniques (dancing, art, music, etc.)					
Home Management (cottage, satellite, etc.)					
Program Planning and Management					

10. In the relationship between nonacademic and academic training, would you prefer the balance to be:

As is? ________

More nonacademic, less academic? ________

More academic, less nonacademic? ________

11. In the academic program, how would you rate the following?

	Excellent 4	3	2	Unsatis- factory 1
Lectures				
Reading Assignments				
Seminars (Discussions, Workshops, etc.)				
Demonstrations				
Consultations				
Opportunity for expressing yourself about the program				
Response to your input				
Thesis requirements				
Examinations				
Other (Please specify)				

12. In the nonacademic program where do you feel you learn most about the children?

Please rank (Most = 5, Next = 4, . . . , Least = 1):

Cottage _______, School _______, Playground _______, Therapy _______,

Outings _______, Community Nursery School _______.

13. How would you rate the experience of working with children:

	Excellent 4	3	2	Unsatis-factory 1
On the cottage?				
In school?				
In therapy?				

14. How would you rate the experiences provided by:

	Excellent 4	3	2	Unsatis-factory 1
Your supervisor?				
Being part of a team?				

15. Please comment freely about the academic program:

16. Please comment freely about the nonacademic program:

17. Do you have any further thoughts (or second thoughts) about any aspect of the overall program?

GRADUATE'S EVALUATIVE OPINIONS

YOUR NAME: ______________________ ACADEMIC DEGREE: __________

DATE OF GRADUATION: ______________________

Have you been employed regularly since graduation? Yes_______; No _______

If no, please explain: ______________________

____

____

____

____

Are you now employed? Yes_______; No_______

NAME OF ORGANIZATION for which you work (or most recently worked): ______________________

____

TYPE OF ORGANIZATION: (Day Care Center, Therapeutic Nursery School, Hospital, etc.)

____

JOB TITLE: ______________________

STARTING DATE OF EMPLOYMENT: ______________________

STARTING SALARY: ______________________

PRESENT (OR LAST) SALARY: ______________________

How would you rate the fact that you graduated from the Child Mental Health Specialist Program as a factor in your getting employment?

Very Important	Slightly Important	Not Very Important	No Importance

How do you rate the training you received in the program as preparation for the work you have been asked to do?

DNA	Excellent 4	3	2	Unsatisfactory 1

Do you believe you were overtrained for the work you are now doing (or have done)?

Yes________; No ________

Please state any requirements for the job you now hold (or have held) for which you were not adequately prepared:

____
____
____
____
____

From the vantage point of a graduate, please review the Child Mental Health Specialist Program by completing the following:

Was the program what you expected?

Yes __________

No __________ Is it:

Better? __________ In what way?

Not as good? _________ In what way?

Neither better nor worse but different. __________ In what way?

What experience(s) in the program was most helpful to you? Explain:

What experience(s) in the program was least helpful to you? Explain:

If you had your choice, in what way would you change the program?

How would you rate what you experienced from the program with respect to:

	Excellent 4	3	2	Unsatisfactory 1
Knowing about children				
Dealing with children				
How to get along with adults				
Your own self-awareness and emotional growth				
Your intellectual growth				
Your own self-confidence				

What are your plans from here on?

Have your plans changed since graduation? If so, in what way?

Was there enough of the following in the program?

Do you feel you were adequately prepared in this area?

	Too Little	Enough	Too Much	Yes	No
One-to-one Therapy					
Community Work					
Child Placement					
Family Counseling					
Occupational Information and Preparation					
Satellite Home					
Day Care Center					
Practice Teaching					
Special Education Techniques					
Creative Art Techniques (dancing, art, music, etc.)					
Home Management (cottage, satellite, etc.)					
Program Planning and Management					

In the relationship between nonacademic and academic training, would you prefer the balance to be:

Unchanged? __________

More nonacademic, less academic? __________

More academic, less nonacademic? __________

In the academic program, how would you rate the following?

	Excellent 4	3	2	Unsatis-factory 1
Lectures				
Reading Assignments				
Seminars (Discussions, Workshops, etc.)				
Demonstrations				
Consultations				
Opportunity for expressing yourself about the program				
Response to your input				
Thesis Requirements				
Examinations				
Other (Please specify)				

Please comment freely about the academic program:

In the nonacademic program, where do you feel you learned most about the children?

Please rank (Most = 5, Next = 4, . . . , Least = 1):

Cottage ________, School _______, Playground _______, Therapy _______,

Outings ________, Community Nursery School ________.

How would you rate the experience of working with children:

	Excellent 4	3	2	Unsatisfactory
On the cottage?				
In school?				
In therapy?				

How would you rate the experiences provided by:

	Excellent 4	3	2	Unsatisfactory 1
Your supervisors?				
Being part of a team?				

Please comment freely about the nonacademic program:

Do you have any further thoughts (or second thoughts) about any aspect of the overall program?

FOLLOW-UP

The Graduate's Evaluative Opinions contain not only information related to attitudes about the program, but additional data (type of employment, pay, adequacy of preparation, etc.) which serve as a measure of the program's performance in relation to community need. Further follow-up should be solicited from employers of graduates.

(See attached "Employer's Evaluation")

EMPLOYER'S EVALUATION

NAME OF ORGANIZATION: ____________________

TYPE OF ORGANIZATION: (Day Care Center, Therapeutic Nursery School, Hospital, etc.) ____________________

____

EMPLOYEE'S NAME: ____________________ ACADEMIC DEGREE: ____________________

JOB TITLE: ____________________

STARTING DATE OF EMPLOYMENT: ____________________

STARTING SALARY: ____________________

PRESENT SALARY: ____________________

How would you rate this employee's preparation in regard to:

	DNA	Excellent 4	3	2	Unsatis-factory 1
Knowing about children					
Dealing with children					
Getting along with adults					
Personal maturity					
Resourcefulness					

EMPLOYER'S EVALUATION

How would you rate this employee's ability in the following areas:

	Under Direct Supervision					Unsupervised				
	DNA	Satisfactory 4	3	2	Unsatisfactory 1	DNA	Satisfactory 4	3	2	Unsatisfactory 1
One-to-one Therapy										
Community Work										
Child Placement										
Family Counseling										
Teaching										
Home Management										
Parenting										
Program Planning and Management										
Group Control										

Please state any requirements for the job this employee holds for which he/she was not adequately prepared: ______

How would you rate the fact of this employee's having graduated from the Child Mental Health Specialist Training Program as a factor in helping you decide whether to hire him/her?

Very Important	Slightly Important	Not Very Important	No Importance

If you now had a job opening how would you rate your attitude toward employing someone from the same training program?

Very Favorable	Slightly Favorable	Slightly Unfavorable	Very Unfavorable

Comments: ______

Employer's (Supervisor's) Signature: ______ Date: ______

APPENDIX

A. ADMINISTRATIVE COMPONENT

B. ACADEMIC COMPONENT

C. CLINICAL COMPONENT

ADMINISTRATIVE COMPONENT APPENDIX

ADMINISTRATION OF TRAINING PROGRAM

A CMHS training program may originate either in an academic setting such as a college or university or in a clinical setting such as a children's treatment center, which may be part of a state hospital, a children's hospital, or a pediatric department of a university medical school. In either case, close collaboration between the two institutions is indispensable for a successful training program.

The traditional approach to training future professionals in the clinical sciences is to first complete the academic studies and degrees and later on do fieldwork under supervision, or serve an internship in a clinical setting such as in a hospital for the mentally ill or a comparable clinical facility in a community mental health center. An exception to this approach is the training of the medical student who, as soon as he enters medical school, is exposed to a process of integrating theoretical knowledge with its clinical application. Integration of theoretical knowledge with clinical application in the process of training plays a somewhat similar role in the training of registered nurses.

The training of medical students has served as a model for conceptualizing the training of the new professional in the child mental health field: The integration of knowledge and its clinical application starts during the student years and continues during a life-time career. This training philosophy is based on many years of experience and finds its expression in the approaches to the training of physicians in university medical schools.

Unfortunately--or, perhaps, fortunately--no comparable model to the medical school is now in existence for the training of the new interdisciplinary professional in the child mental health field. This lack of a packaged training structure may be turned to advantage in the birth and development of the new professional. By its very nature the medical model of training requires an institutional setting to prepare the physician for future practice of his profession predominantly in institutional settings such as medical hospitals, surgical and obstetrical departments, etc. Unlike in medicine, where pathology is institutionalized for medical or surgial intervention and rehabilitation, pathology in mental health is much too ubiquitous, much too universal to lend itself to isolation and institutionalization except at an exorbitant cost to society. The CMHS needs to be prepared for such a diversity of extrainstitutional roles and for so many versatile functions that his training cannot be limited to an institutional setting. He has to develop competencies to serve and intervene wherever children are born, grow, and develop--in their homes, neighborhoods, schools, and community--in the real-life settings within which children behave; in other words, their ecological environment. Were we to limit our training of the new professional for care of children in institutional settings only, we would perpetuate the present state of affairs of relying on our institutions which, in most instances, are costly, wasteful, and ineffective efforts of dealing with childhood psychopathology (Rieger, 1972, 1974).* The institutions reflect our Maginot Line thinking. They are, at the present time, as relevant to promoting mental health as was the Maginot Line in the jet-age war a quarter of a century ago.

The training of the new child mental health professional, therefore, has to prepare him/her to develop competencies which he needs now, and will need tomorrow and twenty years from now, rather than to prepare him for institutional care of children as practiced in the fifties and sixties. Close collaboration between academic and clinical settings in the community may, at the present time, offer flexible training opportunities to develop competencies for changing needs in the child mental health field, in the practice of primary prevention: by preparing junior high school students for future parenthood, prenatally during pregnancy, postnatally and in early infancy, during the preschool and school years, in the neighborhood and in schools by helping develop every child's psychological potential for the process of living, and in the community at large in every phase of the child's development, educationally, socially, and emotionally.

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*See references page 38.

To provide such close collaboration between academic and clinical settings and to coordinate the academic instruction and its clinical application, we need representatives from both institutions who will collaborate on integrating the academic instruction with the clinical practicum. Two positions in the clinical setting are very crucial for the success. One is that of the training program director, who should be an experienced and active clinician in the child mental health field, and can be filled by the director of a children's clinical facility on a part-time basis. The other position is that of a coordinator, who is also an experienced clinician and is active in the clinical facility, and is capable of coordinating both the clinical training program within the clinical facility and similar community facilities and the academic program with the academic setting.

In our experience it works best to have one person be responsible for coordinating both the clinical and academic programs: to set up and assign to the students the clinical rotation services within the clinical facility where the training takes place, which also includes rotation through various community services--and to function as academic coordinator between the academic and clinical settings. The clinical coordinator has, in addition, the responsibility of recruiting instructors, providing them with information about their assignments, and helping them obtain instructor's contracts from the college, recruiting students, maintaining student files, and providing students with information about the program and with orientation about the clinical facility in which they will be trained.

An alternative arrangement is to divide the responsibility for coordination of the programs between an academic and clinical coordinator. Unless there is compatibility and close collaboration between the two coordinators, various problems resulting from overlapping functions may develop.

If a CMHS training program originates and is centered in an academic setting such as a university or college, close collaboration between the academic setting and various clinical facilities in the community will have to be established. The coordinator between the clinical and academic programs is all important. The individual responsible for the coordination of the two programs will probably be in the hands of the faculty member who heads the department of child development. Whoever is designated to coordinate the academic instruction with the clinical practicum will need a clinically experienced mental health professional, such as a P.S.W. or clinical psychologist, to establish and maintain the needed liaison between the clinical and academic settings and function, at the same time, as a clinical supervisor of the students in the program. In our experience each class of students needs at least a part-time supervisor who can also function as a clinical instructor for the class of students. The clinical setting will provide additional clinical supervision for individual and/or groups of students during their clinical rotation assignment through that clinical facility.

SELECTION OF INSTRUCTORS

Instructors are selected according to their areas of professional competence, professional and/or teaching experience, and their acceptability as teachers by the particular group of students whose course is to be taught.

Instructor Request Forms are distributed to all professional staff prior to the beginning of each semester. Prospective instructors are required to submit a course description for each course listed on the course request form which he desires to teach.

The representatives for each class survey their classmates to determine students' special requests for instructors.

Recommendations are presented to the training committee for first and second choice of instructors for each course which is offered in the curriculum. This procedure occurs at the end of each semester.

Instructors are selected by a majority vote of the training committee.

Each instructor who is teaching in the CMHS Training Program for the first time is required to submit to the training committee and the California Lutheran College an application for employment. Instructor application and contractual arrangements are handled through the training committee.

SELECTION OF CLINICAL SUPERVISORS

Clinical supervisors are selected according to special requests made by the individual student to a clinical staff member who agrees to serve as that student's supervisor, by request of the clinical staff who wish to work with students, and by special surveys conducted by the clinical coordinator. The clinical coordinator recruits new supervisors during each semester.

ASSIGNMENT TO CLINICAL ROTATION

All students are assigned to a clinical rotation during each semester. Rotation assignments are usually requested by the students themselves before the end of each semester.

Requests for clinical rotations are honored provided the requested rotation meets all of the following criteria:

- Provides direct contact with children
- Provides direct supervision of the student
- Provides a specific program of training for the student
- Offers practical clinical experiences which correspond to the theoretical topics covered in the academic courses
- Provides a new experience to the student which is different from previous clinical assignments he has completed. Under special circumstances a student may be granted permission to repeat one rotation. A student must file a petition with the training committee for a repeat rotation.

COMPETENCIES FOR CLINICAL ROTATION PROGRAMS

In order to qualify as a clinical experience for CMHS students, the supervisor of a clinical rotation program must satisfy the following conditions:

- Provide an outline of specific requirements for the student at the beginning of the rotation assignment
- Provide the student with an opportunity to develop specific clinical skills
- Define the general skills to be learned in the rotation assignment
- Assign the student to specific clinical activities
- Specify the work area to which the student is assigned
- Provide the student with direct supervision and feedback on his performance at least once each week

LENGTH OF CLINICAL ROTATIONS

The length of each clinical rotation assignment needs to be consistent with the regular campus schedule which has been established at CLC for Fall, Interim, Spring, and Summer.

The Fall clinical rotation schedule usually begins on the first day of academic classes in September and ends one week before final examinations. Spring rotation assignments begin during the first day of academic classes in February and end one week before final examinations in June.

The Interim is a four-week period of concentrated academic study and clinical practicum. Clinical rotations are combined with one academic course. Each student devotes approximately forty hours each week to the Interim academic course and the related clinical practicum. The Interim period begins during the first academic week of January and continues for four weeks. Interim academic/clinical assignments for the various class levels are as follows:

BS-1	Social Work
BS-2	Juvenile Delinquency and Probation
MS-1	Diagnostic Testing
MS-2	Social Work Seminar
MS-Special	Public Administration

PROCEDURES FOR EVALUATION OF STUDENT CLINICAL PERFORMANCE

Each student is evaluated twice during each clinical rotation assignment. The clinical supervisor conducts all evaluations of student clinical performance.

The first evaluation is conducted during the midterm of the clinical rotation. This is approximately two months following the beginning of each rotation. A final evaluation is conducted at the end of the fourth month of the clinical rotation.

The clinical supervisor evaluates the student's performance on the basis of the criteria established in the official Clinical Evaluation Forms. These forms are distributed to the clinical supervisors by the training committee office.

CLINICAL PRACTICUM PERFORMANCE REQUIREMENTS

All students are expected to fulfill satisfactorily the clinical performance requirements which have been established in the official Clinical Evaluation Scale. In general, if a student's clinical performance ratings are below satisfactory in two or more categories on the clinical evaluation scale during any evaluation period, that student is placed on clinical probation for the remainder of the semester or evaluation period.

The clinical coordinator reviews all students' clinical performance evaluations. If a student's clinical performance is found to be below average, the clinical coordinator refers the matter to the training committee for recommendations. Students are placed on clinical probation by the recommendation of the training committee.

PROCEDURE FOR ASSIGNMENT OF CLINICAL GRADES

Each student is responsible for submitting evaluations and schedules of clinical work by the deadline date for final grade reports at the end of each semester. A clinical grade of incomplete is assigned to the student who has not turned in all clinical evaluations and schedules by the deadline date of each semester. Clinical grades of incomplete may be changed by the training coordinator after the missing evaluations and schedules have been submitted to the training committee office.

Clinical grades are determined from the numerical ratings the student receives from the clinical supervisor. The clinical training coordinator assigns these grades.

LETTER OF INTERPRETATION FOR CLINICAL ROTATION CREDITS

A letter of interpretation for clinical rotation credits is submitted by the training coordinator to CLC where it is attached to each student's official transcript. This letter explains the nature of the CMHS clinical rotation practicum and lists types of clinical experiences each student has received in the training program.

PROCEDURES FOR ADMISSION

Undergraduate and graduate students are admitted to the CMHS Training Program before the beginning of the fall semester.

Prospective students are required to submit completed CMHS admissions application, health questionnaire form, along with their official transcripts from each college attended, and three letters of reference.

After reviewing the applicant's information, a screening interview by members of the training committee is scheduled for the applicant. Following the interview, the applicant is rated separately by each member of the committee on a ten-item, five-point rating scale.

The second half of the admission procedure involves the applicant's participation in four hours of direct interaction with two different age groups of children. This half of the admission procedure is conducted by a CMHS student who represents the applicant's prospective class level. The applicant spends two hours under the supervision of a CMHS student with each of the two age groups of children. The total time involved in this procedure is four hours. The supervising student rates the applicant at the conclusion of the clinical interaction.

After the various stages of the application process have been completed, all information in the applicant's folder, along with the screening interview and clinical interaction ratings, is reviewed by the training committee.

On the basis of the applicant's academic background, motivation to work with children, personal references, interview and clinical ratings, a vote is taken for acceptance or rejection. The applicant is notified of the training committee's decision in a letter from the training director.

Students who transfer into the special one-year Masters program from the Bachelors program must complete a new application.

Out-of-State Applicants

If out-of-state applicants who have several years of experience in working with disturbed children in a twenty-four-hour residential treatment setting apply for admission into our program, it should be made possible to accept them on the basis of their records and recommendations without screening interviews.

The out-of-state applicant may be accepted with the stipulation that he/she be on probation for the first semester, and that a letter of recommendation from the present employer in the field of child care should be provided.

The applicant must have completed at least two years of experience in work with disturbed children.

The applicant must follow established procedure of submitting application and supporting evidence.

Late and Deferred Admission of Students

Students can be admitted to the program after the first fall semester and prior to the first interim in the Bachelors program. The student who enters the program one semester late must graduate one semester later than his class.

If an applicant has successfully passed all requirements and has been accepted for enrollment into the program, he or she maintains eligibility for two years. Such a candidate may enroll into the program within a two-year period after submitting an acceptable health certificate.

ORIENTATION OF NEW STUDENTS

The orientation program for new students is held at the Children's Treatment Center during the first week of school of the fall semester. All new students are required to attend this program. Each new student receives an orientation packet which contains the following materials:

1. California Lutheran College Catalog
2. Program for Orientation Day
3. Name Tag
4. Academic Program Curriculum for MS-1
5. Academic Program Curriculum for MS-2
6. Academic Program Curriculum for MS-Special
7. Academic Program Curriculum for BS-1
8. Academic Program Curriculum for BS-2
9. Schedule of Classes for MS-1
10. Schedule of Classes for MS-2
11. Schedule of Classes for MS-Special
12. Schedule of Classes for BS-1
13. Schedule of Classes for BS-2
14. CMHS Training Program Information Sheet
15. Clinical Rotation Assignment List
16. Clinical Rotations: Explanation
17. Rules: Hospital and Training Program
18. Map of Children's Treatment Center
19. Map of Camarillo State Hospital
20. Student Clinical Performance Evaluation Forms:
    - Communication Disorders
    - Classroom
    - Cottage
21. Supervisor Evaluation Form
22. Functions and Responsibilities of Training Committee, Advisors, Student Representatives, Supervisors
23. Clinical-Academic Training Program
24. Key Request Form
25. Student Information Index Card

The purpose of orientation is to introduce new students to the training staff, the CMHS student body, and to familiarize them with important procedures of the training program and the Children's Treatment Center. In addition, the students receive their class schedules, clinical rotation assignments, keys, and parking stickers.

All new and continuing students register for classes during orientation day. Representatives from CLC are available to conduct registration.

CREDENTIAL QUALIFICATION REQUIREMENTS (RYAN ACT)

A new student may follow three options upon entering the credential Masters Degree program:

1. Hold a Bachelors Degree with a major in either history, political science, or social science
2. Hold a partial teaching credential
3. Hold a Bachelors Degree in any major and pass the National Teacher's Credential Examination

All applications to the training program are submitted to CLC for final approval concerning the above options.

Students who are graduating from the CMHS Bachelors program and entering the Special Masters credential program are required to take the Multiple Subject Credential Test of the National Teacher's Examination.

REGISTRATION FOR CLASSES

All students are required to register with CLC before or during the first week of each academic session. The schedule of classes and notice of registration are announced by the training committee office before the beginning of each academic session.

Registration is required for the following academic sessions:

Fall Semester
Interim
Spring Semester
Summer Semester

Registration forms are provided by CLC and the training committee office and must be completed according to the instructions outlined on them.

SCHEDULING OF CLASSES

Academic training is restricted to limited times during the day. Classes are offered at the Children's Treatment Center from 9:30 a.m. through 5:30 p.m. The Children's Treatment Center class schedule is arranged in order to accommodate clinical practicum requirements and department courses which the students are required to fulfill at the CLC campus. The Children's Treatment Center class schedule is arranged so that it does not conflict with CLC department course requirements for CMHS students. Classes are conducted by experienced clinicians who are clinically active either at the hospital or in the community.

ATTENDANCE OF ACADEMIC CLASSES

All students are expected to attend classes regularly. While attendance requirements vary with each course instructor, it is the student's responsibility to be present at the regular meetings of classes. The training committee expects students show no more than three excused absences for any one class during any given semester.

ATTENDANCE OF CLINICAL ROTATIONS

The CMHS program policy requires all students to fulfill clinical hour requirements for each rotation. Each student is permitted two excused absences from clinical assignment duties during each rotation. Absences in excess of these two which are excused should be arranged with the clinical supervisor and the training committee coordinator; the student should make up this time. All students are required to notify the clinical supervisor or the training coordinator whenever absences are anticipated.

SPECIAL WORKSHOPS

Special workshops conducted under the auspices of the training program are approved by CLC and have course numbers and units assigned to them. Students who elect to take these workshops should note that unit credits received may not exceed sixteen units during any semester.

ATTENDANCE OF CLINICAL SEMINARS

Each student is responsible for signing his/her individual name when attending clinical seminars.

Seminar in Current Issues is available for fifteen hours per semester with credit of one unit; for thirty hours with credit of two units. The training coordinator will monitor the seminars for CLC. Attendance will be taken for those receiving credit for the seminars.

Enrollment in noncredit seminars should be voluntary with clinical credit. The student's attendance should be arranged through the clinical supervisor. If the student or supervisor has problems, these can be taken to SOCC (Student Open Channel Commmittee) and/or the training committee.

CLINICAL/ACADEMIC PRIORITY

The policy governing the priority of student training hours is as follows:

1. Academics assume precedence over clinical because class time is limited to specific hours during the day.
2. Clinical time is available twenty-four hours a day.
3. The student is obligated to first fulfill academic time requirements during the week before he fulfills clinical time requirements. Academic time requirements is defined as the time necessary for formal classroom learning activities.

Clinical Rotation/Clinical Seminar Priority

Special clinical seminars conducted at a time which conflicts with clinical rotation time shall be given priority over the rotation assignment.

Exemption from Classes

In order to be exempted from specific courses, the student needs to ask for such an exemption from the training committee.

ACADEMIC PROBATION

Undergraduate Students

Undergraduate students are expected to maintain a grade point average of 2.25 in the major and an overall cumulative grade point average of 2.00. In the event that a student's grade point average falls below the required 2.25 in the major during any semester, the student is placed on academic probation by the college in the major area of study only. When the total grade point average falls below 2.00, the student is placed on academic probation in both the major and overall academic program.

Graduate Students

Graduate students must maintain at least a grade point of 3.00 in their overall graduate program. Each graduate student is expected to earn a grade of C (2.00) or higher for all courses attempted. If the total grade point average falls below 3.00 at the graduate level, the student is placed on academic probation by the college. When grades of D (1.00) or F (0) are received in graduate courses, such courses must be repeated by the student to earn sufficient grade points to gain a minimum grade of C (2.00).

THE INTERIM CURRICULUM

Except for minor breaks such as legal holidays and a few vacation days following final examinations, the CMHS Training Program is an ongoing academic and clinical process of twenty-four months' duration. The interim period between the end of one semester and the beginning of the new semester is filled with clinical as well as academic courses for which the student may receive academic credits.

The study courses during the interim period are options which the students may choose by discussing it with his or her instructor. The interim curriculum for January and part of February is as follows:

First-Year Bachelors - Social Work
Second-Year Bachelors - Juvenile Delinquency and Probation
First-Year Masters - Diagnostic Testing
Second-Year Masters - Continuing Care Services
Special Masters - Administration

EXTRA UNIT CREDITS IN FIELDWORK

Students may petition for extra clinical fieldwork units as long as the study load does not exceed sixteen units for any semester.

A letter which explains the field credits completed will be entered into each student's official transcript. This includes topics covered in the Seminar in Current Issues.

APPLICATION FOR TEACHING CREDENTIALS

To qualify for teaching credentials, students are required to spend a minimum of fifteen hours per week student teaching in the classroom. After having fulfilled the student teaching requirements, applications for teaching credentials need to be filed two weeks before the end of the spring semester. Completion of the Masters Degree is not required to obtain the credentials.

SCHEDULE OF ACADEMIC AND CLINICAL VACATIONS

The vacation schedule for the CMHS Training Program is as follows:

1. All students receive a clinical and academic vacation the week following final examinations.

2. Semester break occurs for all students from the third Friday of December to the first week of January.

3. In general, CMHS students are granted additional vacations on legal holidays which are granted to state employees. Under certain circumstances the CLC schedule of legal holidays may not conform to the state holiday schedule. If a student attends classes on campus, he should consult the campus bulletin for the days when campus-held classes are not in session. Students who are placed in community student teaching or community clinical rotation assignments should, likewise, consult with appropriate sources regarding their holiday schedules.

   Students who attend academic classes and clinical rotation assignments at the Children's Treatment Center receive the following holidays:

   - Labor Day
     (school not in session)
   - Admissions Day
   - Columbus Day
   - Veterans' Day
   - Thanksgiving Day
     plus the following day
   - Christmas Day
     (is part of semester break)
   - New Year's Day
     (is part of semester break)
   - Lincoln's Birthday
   - Washington's Birthday
   - Memorial Day
   - Independence Day

STUDENT FILES

All material contained in each student's records is confidential. Each student has the right to examine his records under the Family Educational Rights and Privacy Act. In addition, the materials contained in each student's records are kept confidential by the Family Educational Rights and Privacy Act.

All records submitted by each student to the CMHS training committee becomes part of the student's official file. Information pertaining to the student's academic, clinical, and financial status are also treated as confidential records.

CMHS TRAINING PROGRAM FORMS

1. APPLICATION PROCESSING
    - a. Brochure: "A New Profession: The Child Mental Health Specialist"
    - b. CMHS Program Description
    - c. Application for Admission - CMHS Program
    - d. Application for Admission - California Lutheran College
    - e. Health Questionnaire
2. SCREENING INTERVIEW
    - a. Admission Interview Rating Form
    - b. Admission Clinical Performance Rating Form
3. ORIENTATION
    - a. Trainee Orientation
    - b. Hospital Rules for CMHS Trainees
4. INSTRUCTORS
    - a. Instructor Request Form
    - b. Instructor's Course Proposal Form
    - c. Instructor Application Form - California Lutheran College
5. CLASSROOM
    - a. Semester Calendar
    - b. Lesson Plan: California Lutheran College Education Department

CMHS TRAINING PROGRAM FORMS (continued)

6. GUIDELINES FOR THESIS AND PROJECT

   a. Guidelines for Master of Science Candidates and Advisory Chairmen and Committees: California Lutheran College

   b. Directions for Writing Reports, Thesis, or Project: California Lutheran College

7. TRAINING COMMITTEE

   a. Training Committee Minutes Form

   b. Training Committee Voting Form

APPLICATION PROCESSING

a. Brochure: "A New Profession: The Child Mental Health Specialist"

b. CMHS Program Description

c. Application for Admission - CMHS Program

d. Application for Admission - California Lutheran College

e. Health Questionnaire

In Service of the Child

CHILD MENTAL HEALTH SPECIALIST Training Project
1550 Hillcrest Road
Santa Barbara, California 93103

A new profession:

THE CHILD MENTAL HEALTH SPECIALIST

In Service of the Child

Ears that hear the cry for help —
A mind that understands —
A heart that cares!

A NIMH Supported Experimental Training Program

Sponsored and Administered by:
Parents And Friends of Mentally Ill Children, Inc.

THE PROGRAM — AND YOU.

It takes people to help children. It takes special people to help mentally ill children, retarded children, delinquent children, disadvantaged and crippled children develop their potentials towards becoming self-fulfilling adults. It takes people with a high degree of motivation with capacity to develop self-awareness and empathy and understanding for children. It takes special people to feel "at home" with these children and other types of children in day treatment centers, in residential treatment centers, in special classes of public schools, and to be professionally trained surrogate parents to four disturbed children in Satellite Homes. It takes special people to learn how to be a combination of father, mother, nurse, teacher, therapist, as well as a model in helping disturbed children to grow up into happy and productive adults. If you want to find out whether you are such a person, and if you are interested in your own emotional growth and development, to become an understanding parent and enlightened citizen in addition to embarking on an open-ended career, apply for training as a Child Mental Health Specialist.

WHY THE PROGRAM? — THE NEED.

Children are not small adults, and mentally disturbed children are not small mentally disturbed adults. The dynamics underlying psychoses in children are not similar to the dynamics underlying the psychoses in adults. Yet, most psychiatric training is almost wholly adult oriented. With four and one-half million children in need of psychiatric care because of emotional difficulties, there are only about one thousand child psychiatrists in the United States today, and not nearly enough child psychologists and child psychiatric social workers. Obviously, if we want emotionally disturbed children to grow up and develop into productive adults, rather than into lifelong burdens to themselves and others, we have to develop programs to train large numbers of skilled clinicians who can work with these children.

TO MEET THE NEED — A BEGINNING.

The Norbert I Rieger Children's Treatment Center at Camarillo State Hospital, in cooperation with Moorpark College and California Lutheran College, has begun a program designed to train *a new professional—The Child Mental Health Specialist.* The purpose of the training is to fill the gap which now exists between the few highly sophisticated, highly skilled professionals and the untrained and inadequately trained nonprofessionals and paraprofessionals who work with children. The training program emphasizes integration of clinical skills with academic knowledge. The whole child is emphasized rather than his or her pathology. Prevention rather than treatment is of primary importance; thus, developmental dynamics rather than static pathology are stressed. Since training is broad in scope, graduates will be able to adopt a variety of roles regardless of the level of training (A.A., B.A., M.A.). Such roles range from dealing with normal children in day care centers or nursery schools, to dealing with slightly neurotic or delinquent children, to dealing with severely disturbed youngsters, whether in hospital settings, satellite homes, child guidance clinics, or special education classes in various school situations.

TO MEET THE NEED — GOALS.

The immediate goal of the program is to restructure, reorganize and improve the therapeutic program for emotionally disturbed children by modifying academic and attitudinal training of persons most essential to the daily care of the children, thus, creating a new open-ended profession — the *Child Mental Health Specialist.*

The ultimate goal is to provide sufficient numbers of qualified professionals by developing and demonstrating replicable models for the development of similar programs at other institutions caring for children, and by preparing graduates not only to care for children but also to serve as teachers in the training of other Child Mental Health Specialists.

HOW CAN YOU GET INTO THE PROGRAM?

The program prepares graduates at three levels: A.A., B.A., and M.A. You may apply for training applicable to your current academic level. You will be given an interview which, along with three references you supply, will help the program staff determine your suitability for the training. This will be followed by a clinical interview in which the staff will observe your ability to interact successfully with children. Your personality and your academic ability, along with financial need (if you request financial assistance) will determine your acceptance into the program.

WHAT WILL YOU GET OUT OF THE PROGRAM?

At whatever level you leave the program you will be employable in a field in which there exists a serious shortage of workers.

You will be prepared to progress at your own option, either laterally or vertically.

You will have the satisfaction of doing interesting, challenging, necessary, important, socially valuable work.

You will have increased your own self-awareness and developed maturity, thus, preparing yourself for parenthood and a rich, rewarding life.

HOW CAN YOU LEARN ABOUT THE PROGRAM?

For further information write to:

Norbert I Rieger, M.D.
Training Project Director
1550 Hillcrest Road
Santa Barbara, California 93103

Phone: 805 966-5609 (or) 805 482-6666

PROGRAM DESCRIPTION

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
Camarillo State Hospital
Box A - 382
Camarillo, California 93010

WHAT DEGREES:	A.A.: Early Childhood Development B.S.: Psychology M.S.: Education
WHERE:	The Norbert I Rieger Children's Treatment Center Camarillo State Hospital Camarillo, California
WHAT COLLEGES:	Ventura College (A.A.) California Lutheran College (B.S., M.S.)
TIME INVOLVED:	Two full years (twenty-four months) for each degree.
TIME DIVIDED:	Academics and Clinical. Clinical experience requires twenty hours per week.
WHAT IS THE CLINICAL:	You will spend six 4-month rotations with different groups of children--ages two to sixteen--autistic, learning disabled, schizophrenic, behavior problems, delinquent; working in:

- Classrooms
- Speech and Language Therapy
- Motor-Perceptual Therapy
- Self-care Skills
- Individual Therapy
- Group Counseling
- Developmental Skill Training
- Family Counseling
- Pre-Vocational Training
- Treatment Design
- Placement Planning
- Learning Community Resources
- Student Teaching (M.S. only)
- Research
- Recreational Therapy
- (And many other areas)

HOW TO APPLY: Write to:	Norbert I Rieger, M.D., Training Project Director
(or)	Suzanne Lawley, P.S.W., Clinical Training Coordinator
	Alan M. White, M.A., Academic Training Coordinator

REQUIREMENTS FOR ADMISSION:

A.A.: High School Diploma or GED
B.S.: Minimum of sixty (60) college units
M.S.: B.A. or B.S. Degree (any field)

All candidates should send transcripts, three letters of recommendation, and a resumé (work-school experience summary).

Include a statement regarding your interest in such a program.

COST:

A.A. Degree: No tuition for California residents.

B.S. and M.S. Degrees carry tuition. Present rate runs about:

$1,350 per year for B.S. (Subject to change.)
$1,000 per year for M.S. (Subject to change.)

Student Financial Assistance:

Students in need of financial assistance to pay tuition fee may apply through the California Lutheran College for a Federal low-interest loan. The loan may be paid off in low monthly installments beginning nine months after graduation from the program. For further information, contact:

Mr. Charles V. Brown
Director of Financial Aid
California Lutheran College
Thousand Oaks, California 91360

Room and Board:

A limited number of room and board is available.

Work Stipends:

A limited number of small work stipends are available.

PROGRAM -- CLINICAL

Over a twenty-four-month period the student will experience all aspects of child and family development. Throughout the two years the student always has a child in supervised individual therapy. A six-month minimum of group counseling experience is mandated as well as ongoing interaction with the child's family.

The student will participate in the speech and language clinic, learning to assess problems and to then function as an adjunct to the speech and language therapist. This participation is extended to motor-perceptual assessment and remediation, prevocational training, recreational therapy, self-care skill training, classroom management, milieu therapy, satellite home experience, etc.

Throughout the two years the student will work with all ages (two to sixteen) and diagnoses of children--from the autistic, the learning disabled, the delinquent, and the neglected. All functions will be expected of each student bridging basic parenting skills through various therapies.

The student is also expected to design and implement treatment programs as a member of a multidisciplined team and to complete an experimental or demonstration thesis (M.S.). Upon graduation the student has earned an Associate of Arts degree, a B.S. in Psychology, or a Master's degree in Education (emphasizing special education). The M.S. includes an elementary teaching credential, and all degrees include a certificate of expertise in working with the emotionally disturbed and learning-disabled child. We are attempting to have the M.S. teaching credential in special education. It is before the board now.

The clinical experience over the two years exceeds 2,000 hours.

PROGRAM -- ACADEMICS

The M.S. Academic Courses (subject to change):

Theories of Child Development
Medical Aspects of Child Management
Problems of Childhood (Psychopathology)
Child Development I
Learning Disabilities I - Motor Perceptual Assessment and Remediation
Counseling Seminar I - Individual Counseling Techniques
Child Development II - Adolescence
Learning Disabilities II - Speech and Language Assessment and Remediation
Counseling Seminar II - Behavior Modification Techniques
Crisis Intervention Seminar
Diagnostic Testing

The M.S. Academic Courses (continued):

- Learning Disabilities III - Reading (Normal)
- Counseling Seminar III - Group Counseling Techniques
- Learning Disabilities IV - Reading Assessment and Remediation
- The Disturbed Adolescent
- Counseling Seminar IV - Parent and Family Counseling Techniques
- Learning Disabilities V - Arithmetic (Normal)
- Research Methodology and Statistics
- Counseling Seminar V - Play Therapy Techniques
- History and Philosophy of Education
- Learning Disabilities VI - Arithmetic Assessment and Remediation
- Special Project Course
- Counseling Seminar VI - Social Work Seminar
- Student Teaching (Normal and EH)
- Counseling Seminar VII - Satellite Home Practicum
- Thesis

The B.S. Academic Courses (subject to change):

- Developmental Psychology I
- Communication Disorders I
- Group Counseling Techniques
- Child Psychology II (Adolescence)
- Psychopathology of Childhood
- Behavior Modification
- Disturbed Adolescent
- Communication Disorders II
- Exceptional Child Practicum
- Dependent Child (Court, Probation, Battered Child, etc.)
- Drug Abuse
- Family Counseling
- Crisis Intervention
- Community Resources

The A.A. Academic Courses (subject to change):

- Child Growth and Development I
- Observation in the Nursery School
- General Psychology
- The Exceptional Child I (Psychopathology of Childhood)
- Supervised Participation in the Nursery School
- Child, Family and Community
- Individual Counseling
- Directed Studies in Early Childhood Development (Behavior Modification)
- Interpersonal Relations - Group Counseling
- The Exceptional Child II (Remediation Techniques)
- Child Growth and Development II (Adolescence and Delinquency)
- Family Counseling
- Speech and Language

WHAT YOU HAVE WHEN YOU FINISH (Subject to change):

A.A. Program:

1. Associate of Arts Degree from Ventura College.
2. Certificate of Child Mental Health Specialist.
3. Optional: Nursery School Certificate from Ventura College.

B.S. Program:

1. Bachelor of Science Degree from California Lutheran College.
2. Certificate of Child Mental Health Specialist.

M.S. Program:

1. Master of Science Degree in Education with the field of emphasis in Special Education from California Lutheran College.
2. California Teaching Credential and the Special Education Specialist Credential for the Learning Handicapped and/or Severely Handicapped, if all requirements are successfully completed.
3. Certificate of Child Mental Health Specialist.

All Programs:

1. Over 2,000 hours of Supervised Clinical Experience with disturbed children . . . .
2. Skill, Competence, Knowledge, a New Profession in Child Care . . . .

NIR:ga
December 1975

THE NORBERT I RIEGER CHILDREN'S TREATMENT CENTER
CAMARILLO STATE HOSPITAL
CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

APPLICATION FORM - B.S.; M.S. PROGRAM

Name: ______________________________ Age: ______

Address: ______________________________

Phone: ______________________ Date you wish to enter program: Fall 197__

Program you wish to enter: ______________________________

Marital Status: ____________ Number of dependents and ages: ______________

Social Security No. ____________ Education: High School____; GED____; some college____

Person to notify in an emergency (name, address, and phone):

____

____

Do you need a room on the hospital grounds? Yes______; No______

Do you need meals on the hospital grounds? Yes______; No______

Do you need financial assistance? Yes______; No______

Have you ever been court-convicted of an offense? Yes______; No______ (If yes, please explain): ______________________________

____

High School grade average (approximately): ______________________________

Are there days and/or hours you cannot participate in the program? Yes______; No______
If yes, please explain:

____

____

Education:

Name of High School: ______________________ Year Graduated: ______

Colleges attended: (Include dates) Number of units completed______; Grade Average: ______

____

____

____

____

Application Form: CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Work Experience: (Please note type work, employer, dates, reason for leaving.)

Reason for entering the Child Mental Health Specialist Program:

Where did you hear about the program?

Long-range career plans:

Signature Date

NOTE: A basic credential is pre-requisite for any Special or Services credential.

California Lutheran College

MASTER OF ARTS OR MASTER OF SCIENCE IN EDUCATION DEGREE PROGRAM

This form, accompanied by a non-refundable application fee of $15.00 should be filed with the Director of Graduate Studies at least 30 days prior to the beginning of the semester in which graduate work will commence.

NAME: ______________________________ **SEX** ______
Last First Middle Initial

HOME ADDRESS: ______________________________
No. and Street

______________________________ **HOME PHONE:** ______________
City Zip

SOCIAL SECURITY NO.: ______________ **BIRTHDATE:** ______________ **BIRTHPLACE:** ______________

CITIZEN OF: ______________ **RELIGIOUS AFFILIATION:** ______________ ______________

MARITAL STATUS: ______________ **NAME OF SPOUSE:** ______________ **NO. OF CHILDREN:** ______

PRESENTLY EMPLOYED BY: ______________________________
(Name and Address)

POSITION: ______________________________ **BUSINESS PHONE:** ______________

I PRESENTLY HOLD THE ______________________________ **CREDENTIAL**

Verified by: ______________________________
(CLC Program Advisor)

1. **PROGRAM LOCATION:** I anticipate attending classes beginning ________ 19___ semester
   On Campus ☐ Off-Campus ☐ (at what facility?) ______________________________

2. **I AM A CANDIDATE FOR THE:**
   Master of Arts Degree in Education ______________
   Master of Science Degree in Education ______________
   Courses only (for credentialing purposes) ______________
   Name of credential ______________________________
   Courses only _____ (for what purpose?) ______________________________

3. **DEGREE AREA IN WHICH YOU PLAN TO SPECIALIZE:**
   Elementary ______________
   Secondary ______________
   Special Education ______________
   Administration ______________
   Pupil Personnel ______________
   Supervision ______________
   Reading Specialist ______________
   Other ______________

4. **I ANTICIPATE THAT MY MASTER'S PROGRAM WILL BE:**
   Option I 30 semester credits (minimum) including THESIS OR PROJECT ______________
   Option II Additional course work in lieu of thesis or project ______________

(SEE REVERSE SIDE)

196217

5. **COLLEGE WORK:** List in chronological order all colleges attended. Have OFFICIAL transcripts sent from these institutions to: Director of Graduate Studies, California Lutheran College, Thousand Oaks, California 91360 (2 copies). Any requests for transfer of credit must be on an official petition accompanied with OFFICIAL transcripts before consideration will be given.

Attendance Dates	Institution & Location	Degree	Grad. Date

6. **SELF-STATED GRADE POINT AVERAGE** (scale of A = 4.0):
   My approximate GPA in undergraduate work: ____________
   My approximate GPA in post-graduate work: ____________
   I have taken the Graduate Record Examination _______ Date: ____________
   (if within 5 years of this date, have ETS send score to CLC)

7. **PERSONAL REFERENCES:** List three persons who can attest to your suitability for graduate work in education. Include your Major Advisor (if available) and your Principal. Have these persons write letters of recommendation for you on their own stationery and send to: Director of Graduate Studies, California Lutheran College, Thousand Oaks, California 91360.

Name	Address	Position

Specific individual program requirements are arranged by counseling interview with college advisors. It is the responsibility of the student to arrange for this counseling by calling the college (805) 495-2411 and making an appointment with the Education Department Chairman (credentialing requirements) or the Director of Graduate Studies.

____________________ Signature of Applicant

____________________ Date

FOR OFFICE USE:
Applicant Fee Paid ____________
Accepted for: Graduate program ________ Graduate courses ________ Official Candidacy ________
Denied: ____________________

STATE OF CALIFORNIA

MEDICAL EXAMINATION REPORT
HEALTH QUESTIONNAIRE

SOCIAL SECURITY NUMBER

Name ____
First Middle Last

Address ____

____
City State Zip Code

____

WHEN HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION REPORT ARE COMPLETED, RETURN TO:

Norbert I Rieger, M.D.
Training Project Director
Child Mental Health Specialist
Training Project
Box A - 382
Camarillo, California 93010

TO THE APPLICANT:

Medical clearance is required prior to employment in State service. As far as it is practical, the State Personnel Board in cooperati with the employing agency, will evaluate the medical fitness of each applicant to carry out the duties of the position for which he or she eligible. It is for this purpose that the following questionnaire is supplied you. *Do not leave your present employment to accept a positi in State service until you have been specifically notified to report for work.*

Your cooperation in filling in this questionnaire as completely as possible will expedite the evaluation and avoid delay.

1. Birth Date ______________________________

2. ☐ Male ☐ Female

3. Height ______________ Weight ______________

CHECK ONLY THE BOXES THAT APPLY IN THE FOLLOWING:

4. Do you or have you ever worn glasses? ☐ Reading only ☐
   contact lenses ☐
   neither one ☐
5. Are you blind in one eye? ☐
   both eyes ☐
   neither eye ☐

Have you ever had or do you have any of the following? Supply details on "Yes" answers in space provided at end of questio If the condition required hospitalization, check the corresponding box.

	No	Yes	Hosp.
6. Tuberculosis or other lung trouble, including bronchitis	___	___	☐
7. After effects of poliomyelitis	___	___	☐
8. Hepatitis or jaundice	___	___	☐
9. Cancer	___	___	☐
10. Tumor	___	___	☐
11. Asthma	___	___	☐
12. Diabetes or sugar in urine	___	___	☐
13. Pernicious anemia, leukemia or other blood disorder or ailment	___	___	☐
14. Mental illness or nervous breakdown	___	___	☐
15. Any disorder of the nervous system	___	___	☐
16. Epilepsy or convulsions	___	___	☐
17. Severe headaches	___	___	☐
18. Heart trouble—including circulatory	___	___	☐
19. Rheumatic fever	___	___	☐
20. High or low blood pressure	___	___	☐
21. Varicose veins	___	___	☐
22. Stomach or duodenal ulcer or other digestive problem	___	___	☐
23. Rupture or hernia	___	___	☐
24. Gall bladder trouble	___	___	☐
25. Kidney or bladder trouble	___	___	☐
26. Skin trouble	___	___	☐

27. Allergies:

Sensitivity to dust	mild	moderate	severe
Sensitivity to poison ivy	mild	moderate	severe
Sensitivity to poison oak	mild	moderate	severe
Other allergies (kind)	mild	moderate	severe

	No	Yes	Hosp.
28. Any defect of bones or joints including amputations, dislocations, broken bones	___	___	☐
29. Rheumatism or arthritis	___	___	☐
30. Back pain or back injury	___	___	☐
31. Head injury	___	___	☐
32. Knee injury	___	___	☐
33. Fainting spells	___	___	☐
34. Shortness of breath	___	___	☐
35. Any complications from childhood diseases	___	___	☐
36. Any eye disease or eye surgery	___	___	☐
37. Do you wear a hearing aid or have you had at any time a problem with your hearing	___	___	☐
38. Any speech impairment	___	___	☐
39. Addiction to drugs or alcohol	___	___	☐
WOMEN ONLY			
40. Any problem with menstruation period	___	___	☐

REVIEWER:

☐ Approved
☐ Questionable

Institution or State Personnel Board Medical Officer only:

☐ Disapproved

____
(Signature)

____
(Title) (Date)

41. Have you ever had any operation? If so, please list: (Name and date of operations)____________________

42. Any other illness, injury or physical condition not named above other than childhood diseases or minor illnesses? If so, what?____________

43. Have you ever had an injury which caused you to lose time from work within the last 5 years? . . . . No ☐ Yes ☐

44. Have you ever been released from employment or from the armed forces for medical or health reasons? . . . . . No ☐ Yes ☐

45. Have you ever received or applied for pension or compensation for disability? . . . . No ☐ Yes ☐

46. Are you at present under the doctor's care for any condition? . . . . No ☐ Yes ☐

47. Are you taking any medication at this time? . . . . No ☐ Yes ☐

If so, what?______________________________

48. Do you consider that there is any limitation on your ability to carry out the duties of the position? . . . . No ☐ Yes ☐

49. Have you ever been denied employment or insurance for medical reasons? . . . . No ☐ Yes ☐

50. Have you ever been deferred from military service for medical reasons? . . . . No ☐ Yes ☐

Please write your own account and your own evaluation of any items to which you have answered "Yes" in the above questionnai Include, if possible, diagnosis, date of onset, your present condition as you evaluate it and what limitations, if any, you feel it may impo on your ability to perform satisfactorily the duties of the position for which you are applying. Return this completed form to the hiri agency unless (1) advised otherwise by the hiring agency or (2) for strong personal reasons you prefer to send it directly to the Medic Officer, State Personnel Board, 801 Capitol Mall, Sacramento, California 95814. If you choose the latter, be sure to notify the hiri agency you have done so.

I certify that I have provided true and complete information concerning my health. (Any misrepresentation or material omission may cause for dismissal.)

DR.__________________ DR.__________________ DR.__________________

You are authorized to release to the Medical Officer, State Personnel Board, any information regarding my medical history includi diagnosis and treatment.

Signature____________________ Telephone________________ Date____________

SCREENING INTERVIEW

a. Admission Interview Rating Form

b. Admission Clinical Performance Rating Form

Interview Rating Scale

Candidate's Name:________________________ Total Points:_________________

Rater's Name:____________________________ Date:________________________

Program Applying to: A.A.______; B.S._______; M.S._________

	Very Weak 1 Point	Weak 2 Points	Satisfactory 3 Points	Strong 4 Points	Very Strong 5 Points
1. Self-Direction Self-Starter					
2. Insight: Self Understands own motivation and needs.					
3. Insight: Others					
4. Tolerance for Differences of Opinion					
5. Ability to Reach Out to Others					
6. Motivation and Sense of Commitment					
7. Ability to cope with Stress					
8. Attitude toward Children					
9. Ability to make Independent Judgements					
10. Appropriate expression of Feelings					

Comments:

Grade Point Average:________; Academic: Excellent____; Good______; Poor______

Letters of Reference: Excellent_____; Good_____; Poor_______; Mixed______

Recommended: Yes ______; No______

Why?:

Clinical Rating Scale

Candidate's Name: ____________________ Total Points: ____________

Rater's Name: ____________________ Date: ____________

A.A.______; B.S.______; M.S.________

	Very Weak 1 Point	Weak 2 Points	Satisfactory 3 Points	Strong 4 Points	Very Strong 5 Points
1. Self-Direction (i.e. Self-Starter)					
2. Insight: Self Understands Own Motives					
3. Insight: Others					
4. Tolerance for Differences of Opinion					
5. Ability to Reach Out to Others					
6. Motivation and Sense of Commitment					
7. Ability to Cope with Stress					
8. Attitude toward Children					
9. Ability to Relate to Children					
10. Understand the Program he/she is applying to?					

Comments:

Recommended: Yes________; No________

Why?:

ORIENTATION

a. Trainee Orientation

b. Hospital Rules for CMHS Trainees

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

STUDENT ORIENTATION

At the Beginning of Training in Fall Semester

Children's Treatment Center Library

9:00-9:30	Coffee
9:30	Welcome from Children's Treatment Center
9:45	Welcome from California Lutheran College
10:00	Review of Orientation Packet
10:30	Review of Program Policy and Procedures
10:45	Student Discussion Question/Answer Period
11:00-1:00	Lunch Break
1:00-4:00	Registration - CLC In Training Conference Room - Home Six
1:00-4:00	Films In Children's Treatment Center Library

1.	"From Sound to Speech Through an Emotional Dialogue"	40 minutes
2.	"They Are Not Expendable"	30 minutes
3.	"He Comes From Another Room"	30 minutes
4.	"The Importance of Substitute Mothering"	20 minutes
5.	"See the Shine in the Eyes of the Black Sheep Boy"	55 minutes

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center

RULES

THE HOSPITAL

Rules of conduct of students and volunteers included in this packet should be read carefully. Attached to them are several administrative directives covering important issues such as keys, patient safety, etc.

Some of the rules are so important that they should be stressed separately:

1. Confidentiality of patient records should be absolute.

   a. Do not discuss patients by name or in such a way that they could be identified, unless with other students or staff persons. Leave their identities at this facility.

   b. When writing reports, avoid the use of last names and identifying data, and stamp all such reports with the "confidential" rubber stamp on units or in the Children's Unit administration building.

2. In all matters of medical care, which includes medication, defer to the licensed staff personnel, unless there is a dire emergency and no licensed person is around.

3. Responsibility for supervision of patients rests with either the licensed staff personnel or other designated staff members such as teachers in the classrooms. Students should never be alone with patients, neither on cottages, nor in activities, nor in escorting them to and fro. Some cottages permit students to work alone with one patient at a time without a staff person present, but in all cases permission should be received for such one-to-one supervision from the person in charge.

4. Because patients must be driven only by people who have passed a hospital-sponsored program in defensive driving, students hould enroll at their convenience in the program. The hospital also sponsors a lifeguard certificate program that students should take.

5. The above does not mean that the welfare of the patients is not the students' concern; on the contrary, all students have the ethical, moral, and legal responsibility to protect the patients from harm.

FUNCTIONS AND RESPONSIBILITIES OF:

TRAINING COMMITTEE:

1. Coordinate program with Ventura College and California Lutheran College.
2. Coordinate program with Children's Treatment Center.
3. Coordinate program with the Grant.
4. Design curriculum.
5. Coordinate and supervise clinical experiences.
6. Implement academic and clinical programs.
7. Select and dismiss students.
8. Quality control of academic and clinical programs.
9. Evaluate individual problems and make decisions.
10. Set up clinical rotations.

STUDENT REPRESENTATIVES:

1. Function as voting members of the Training Committee (except for first-year student representatives).
2. Act as advocate for students before Training Committee.
3. Responsible for feedback to students from Training Committee.

ADVISORS:

1. Serve as student advocate for two years.

SUPERVISORS:

1. Draw up students' clinical programs.
2. Minimum of one supervisory session per week.
3. Serve as models in clinical activities for students.
4. Include students in team meetings and staffing, when possible.
5. Complete student evaluation forms twice per rotation.
6. Serve as students' liaison with cottage team.
7. Supervise students in students' meeting of responsibilities (i.e., fulfilling assignments, accepting responsibility, etc.).
8. Observe students performing with children and directly supervise this at least once a week.

INSTRUCTORS

a. Instructor Request Form

b. Instructor's Course Proposal Form

c. Instructor Application Form - California Lutheran College

April 18, 1977

TO: Professional Staff

FROM: Training Committee
Child Mental Health Specialist Training Program

SUBJECT: Instructors for Summer 1977

The Training Committee is recruiting instructors for Summer Session. Classes are scheduled from June 13 to August 18, 1977.

Professional staff who are interested in teaching one of the listed courses please complete the attached forms and return to Alan White by noon, Thursday, April 28, 1977.

The following courses will be offered at the hospital through California Lutheran College:

_______ Crisis Intervention, 3 units (Bachelor's level)

_______ Child Growth and Development II - Adolescence, 3 units (Bachelor's level)

_______ Management of Learning Laboratory (social studies, math, science), 6 units (Master's level)

_______ Learning Disabilities III: Motor-Perceptual Procedures, 3 units (Master's level)

_______ Organic and Cultural Basis for Severely Handicapped, 3 units (Master's level)

_______ The Severely Disturbed Adolescent, 3 units (Master's level)

_______ Techniques of Teaching the Severely Handicapped and Working with Their Parents, 3 units (Master's level)

_______ Learning Characteristics of the Developmentally Disabled, 3 units (Master's level)

_______ Seminar: Learning Disabled, Behaviorally Disordered, Educationally Handicapped, 3 units (Master's level)

Please indicate below if you are available to teach:

_______ Not interested in teaching this term

_______ Am interested in teaching this term

_______ Available mornings

_______ Available afternoons

_______ Available evenings

Name: ______________________________

Title: ______________________________

INSTRUCTOR'S COURSE PROPOSAL

PLEASE SUPPLY ALL INFORMATION

Textbook Title: ______________________________
(print)

Author: ______________________________
(full name)

Publisher: ____________________ City: __________

Copyright Date: ____________________ Edition: __________

Brief Outline of Course Content:

Concepts to Be Presented/Methods of Presentation:

Skills Anticipated to Be Learned:

Method of Evaluating Students:

California Lutheran College

INFORMATION FORM

FACULTY

Please Complete & Return to:
Assoc Dean of the College - Dr. Cooper
CALIFORNIA LUTHERAN COLLEGE
Mountclef Village
Thousand Oaks, California 91360

Date: ________________

POSITION DESIRED: ________________________ Date Available __________

Preference of Subjects in Teaching ____________________________

NAME ____________________________

Present Address ____________________________

____

Telephone Number ____________________________

Permanent Address ____________________________

____

Date & Place of Birth ____________________________

Health ________________ Disabilities ________________

Marital Status ________ Spouse's Name __________ Children ______ Other Dependents ______

Church Membership ________________ ________________ (Church Body)

EDUCATION

Institutions Attended (not high school)	Dates	Degree Received	Date of Degree	Major

PROFESSIONAL EXPERIENCE (Begin with present position)

Title	Institution	Location	Dates

Present Annual Salary ____________________
(Optional information at your discretion)

MISCELLANEOUS ACTIVITIES: Writings, Honors, Travel, Interests, Memberships in Professional Organizations, etc.

Credentials on file in placement office of ____________________

(Add any personal comment that you think would be of value to us. Please attach a list of courses you have taught)

(For additional space needed on any of above, please attach sheet)

REFERENCES (If your references have been supplied, please disregard)

1. ____________________
2. ____________________
3. ____________________
4. ____________________

Signature ____________________

CLASSROOM

a. Semester Calendar

b. Lesson Plan: CLC Education Department

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

The Norbert I Rieger Children's Treatment Center
and
California Lutheran College

SEMESTER CALENDAR - SPRING 1977

February	7	Monday	Classes begin
	16	Wednesday	Last day to add a class
	21	Monday	Washington's Birthday - Holiday
March	18	Friday	Mid-Semester grade reports due
	21-25		Mid-Semester clinical evaluations due*
	25	Friday	Last day to drop a course without penalty
April	4	Monday	Spring vacation begins
	10	Sunday	Spring vacation ends
May	12	Thursday	Last day of clinical - forms distributed
	13-19		Final examinations
	19	Thursday	Last day of classes
	19	Thursday	Instructors' evaluations forms due*
	19	Thursday	Final clinical evaluations due*
	24	Tuesday	Spring grade reports due

---

* Tentative

CALIFORNIA LUTHERAN COLLEGE EDUCATION DEPARTMENT

LESSON PLAN

Student: ______________________ School: ______________

Resource or
Resident Teacher: ______________________ Time: ________
Date: ________ Grade: ____

I. TEACHER GOAL:

II. SPECIFIC STUDENT PERFORMANCE OBJECTIVES:

III. MATERIALS:

IV. STEPS OF THE LESSON:

1. Motivation:

2. Instructional/Learning Activities:

3. Evaluation Activities:

4. Follow-up Activities and/or Related Work:

GUIDELINES FOR THESIS AND PROJECT

a. Guidelines for Master of Science Candidates and Advisory Chairmen and Committees: California Lutheran College

b. Directions for Writing Reports, Thesis, or Project: California Lutheran College

CALIFORNIA LUTHERAN COLLEGE

GRADUATE STUDIES

GUIDELINES FOR M.S. CANDIDATES AND ADVISORY CHAIRMEN AND COMMITTEES

A. GUIDELINES FOR CANDIDATES:

1. During the semester prior to the time planned for writing the Thesis, the candidate will establish his advisory committee. Candidates are not to register for Thesis until after completion of twenty-four (24) credits.

2. The candidate should confer with his advisor regarding possible committee members.

3. The candidate from these suggestions is to select a Chairperson, who should be familiar with the area of study proposed. Two other members for a total of three are to be selected. In no case are there to be more than two members from a given department.

4. The candidate is responsible after consultation with the Chairperson, to make contact with these prospective members and secure their acceptance.

5. The candidate reports the names of these persons to the Director of Graduate Studies who will keep a master list of committee assignments and make each appointment official with a memorandum.

6. Follow instructions of committee for completion of Thesis.*

7. Provide three copies of Thesis for binding and b pay binding fee.

* "The MLA Style Book," available at the Book Store, is the basic guide for Thesis style.

Guidelines for M.S. Candidates
and Advisory Chairpersons
and Committees

B. GUIDELINES FOR CHAIRPERSONS AND COMMITTEES:

1. The Chairperson may be any faculty member with the rank of Assistant, Associate or full Professor.
2. Upon accepting the Chairpersonship, at the request of the candidate, he will advise the candidate on the selection of the two other members. A guideline to be used at this point is the goal of establishing a compatible and helpful committee.
3. The Chairperson is responsible for calling the committee together and setting up with the candidate a calendar to cover the following procedure:
    a. Meet with candidate in preliminary oral. Approve Thesis,topic, hypothesis and outline.
    b. Approve first chapter. (informal)
    c. Approval of Thesis. (informal)
    d. Final oral presentation of thesis.
    e. Sign three copies of Thesis and approve candidate for degree. (formal)
    f. Submit authorization of candidate for the degree to the Director of Graduate Studies.

aw: 3/77

CALIFORNIA LUTHERAN COLLEGE

DIRECTIONS FOR WRITING REPORTS, THESIS OR PROJECT

The report on a problem in the field of education is one of the most important phases of the work of this course. The preparation and writing of the report involves considerable research on the part of the student. Careful attention should be given to the specific instructions which follow:

1. There is no stated length for the reports. The nature of the problem and the material available will determine the length.
2. After choosing a problem make a thorough investigation of the literature dealing with it. Prepare an outline showing the proposed method of treatment and a bibliography of the material to be used. See outline below.
3. Consult with the instructor before writing the report.
4. The complete report should follow the plan shown below:

    I. Brief Outline of the paper (primarily a table of contents). Use this form:

        I. ....

            1. ....

                a. ....

    II. Introductory section containing:

        1. Statement of the problem.
        2. Importance of the problem.
        3. Sources of data.
        4. Limitations of the study.
        5. Brief review of literature.

    III. Discussion of the problem as outlined

    IV. Summary and recommendation.

    V. Annotated bibliography of materials used.

5. The bibliography must be complete, containing:

    I. In the case of books:
    a. Author's name as given on title page
    b. Complete title of book (underscored)
    c. Edition number in case the book has been published in more than one edition.
    d. Place of publication.
    e. Name of publisher.
    f. Date of publication of edition used (from copyright page).

    EXAMPLE: Edgerton, Alonson H. Vocational Guidance and Counseling. New York: The Macmillan Company, 1926.

    Russel, James E. German Higher Schools. Second edition. New York: Longmans, Green and Co., 1905.

II. In the case of periodicals:

1. Author's name as given under title of the article or at the end of the article.
2. Title of article in full (in quotation marks).
3. Name of periodical (underscored).
4. Volume number.
5. Pages included in the reference.
6. Month and year.

EXAMPLE: Thompson, L.S. "Statistics Which Should Be Kept on File in the Office of the High School Principal." School Review, 35:16-26, January 1927.

6. The bibliography must be arranged alphabetically.

7. Each title in the bibliography must be accompanied by a brief statement, the content and its value.

8. For every important statement of fact there should be a footnote reference.

9. Footnote references should be numbered continuously throughout the paper. Use Arabic numerals.

10. In the footnote give (a) in the case of books, author's surname and initials, title of book (underscored), and page or pages on which the reference occurs; (b) in the case of periodicals, author's surname and initials, title of article (in quotation marks), name of periodical (underscored), volume, page or pages, and date.

11. If two or more consecutive references are to the same authority do not repeat the author and title but use the conventional "Ibid.," with page citation.

12. Separate the footnotes from the body of the text by drawing a line across the page after the last line of text.

13. EXAMPLES OF FOOTNOTE REFERENCES:

> The purposesof the junior college have been studied by several recent writers. From a study of articles and addresses published on the subject and from catalogs and bulletins issued by junior colleges, Koos collected a total of twenty-one purposes. These purposes were critically evaluated by Koos and the relationship of the type of institution giving junior college work to the achievement of junior college purposes shown.[1] The reasonfor McDowell.[2,3] Wellmeyer, in a recent study has given the reasons which students assign for attending junior colleges.[4]
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> ---
>
> 1. Koos, L.V. The Junior College Movement, pp. 16-27
> 2. Ibid., p. 371
> 3. McDowell, F.M. The Junior College, U.S. Bureau of Education, Bulletin, 1919, No. 35, p. 36
> 4. Wellemeyer, J.F. "The Junior College as Viewed by its TStudents," School Review, 34:760-767.

14. Footnote reference to tables and graphs should follow the form shown in the table below:

Table I. Statistics of Public High Schools, 1890-1924*

Items	1890	1900	1910	1920	1924
Schools	2,526	6,005	10,213	14,326	14,827
Teachers	9,120	20,372	41,667	97,654	133,935
Pupils	202,963	519,061	915,251	1,857,166	2,538,381
Graduates	21,882	61,727	111,363	230,902	362,236

*Data taken from Statistics of Public High Schools, 1923-1924, U.S. Bureau of Education, Bulletin, 1925, No. 49, Table I.

15. The paper should be typewritten on good quality paper. In preparing the paper observe the following f rules:

    a. Leave a margin of an inch and a quarter on the left side of the paper.

    b. Double space throughout except in the case of direct quotations which should be single spaced.

    c. Number the pages consecutively.

    d. All tables and graphs must be correct in form and numbered. Use Roman numerals for tables, Arabic numerals for graphs and charts.

    e. Make carbon copy. The original will be retained by the instructor.

16. Pay special attention to spelling, grammar, punctuation, sentence structure, and paragraphing. You will be held responsible for the mistakes of the typist. Proofread the paper before handing it in.

CLC/aw/3/77

TRAINING COMMITTEE

a. Training Committee Minutes F[illegible]

b. Training Committee Voting Form

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TRAINING COMMITTEE MEETING MINUTES

DATE: ______________________

RECORDER: ______________________

PRESENT:

SUBJECT	ACTION	RESPONSIBILITY
243		244

TRAINING COMMITTEE MEETING MINUTES

PAGE NO.________

SUBJECT	ACTION	RESPONSIBILITY

TRAINING COMMITTEE VOTES

Date: ____________________

No/Yes/Abstain

MEMBERS	Item #	Item #	Item #	Item #	Item #	Item #	Item #	Item #	Item #	Item #
# NO										
# YES										
# ABSTAINED										
# PROXY										
ACTION (Passed/Failed)										

ACADEMIC CURRICULUM APPENDIX

ACADEMIC CURRICULUM

A. ASSOCIATE OF ARTS DEGREE
B. BACHELOR OF SCIENCE DEGREE
C. SPECIAL MASTER OF SCIENCE DEGREE
D. MASTER OF SCIENCE DEGREE
E. CHILD MENTAL HEALTH SPECIALIST CERTIFICATES

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

THE NORBERT I RIEGER CHILDREN'S TREATMENT CENTER
CAMARILLO, CALIFORNIA

CURRICULUM

ASSOCIATE OF ARTS

BACHELOR OF ARTS

SPECIAL MASTER OF SCIENCE

MASTER OF SCIENCE

INTRODUCTION TO THE CMHS TRAINING CURRICULUM

INTRODUCTION TO THE CMHS TRAINING CURRICULUM

The philosophy of the Child Mental Health Specialist Training Program is based on the idea that when dealing with children in clinical, educational, institutional, and home settings in the community, we need to use specially trained people from all walks of life and all segments of the population, with different personality makeups, different degrees of sophistication, and different educational backgrounds. It is based, further, on the idea that many different approaches can be effective to child care, education, treatment, and rehabilitation. What is needed for the training of a new professional in the child mental health field is for the student to develop a coherent, child-centered philosophy, an open mind, a capacity for empathy, and the curiosity to get acquainted with himself, his own functioning through introspection, and to immerse oneself into the vast and rich literature about child development, and, finally, the ability and willingness to use one's own rich but untapped resources in the service of the child. The process of training needs to be used to heighten the trainee's awareness of the qualities needed and their use and implementation when dealing with children.

Keeping this training philosophy in mind, we have developed three academic levels of training, each of uninterrupted twenty-four months' duration, to prepare suitable and highly motivated young people with a core curriculum of clinical sophistication and academic knowledge. Additional years of training and education can be added to each of the curricula to deepen and broaden the academic knowledge and the clinical know-how. Thus, if one decides to continue another two years of training beyond the first two years on an A.A. level, it does not mean that the trainee has to repeat the core curriculum of the first level which he has completed. Rather, it is possible to introduce new modules of academic knowledge and broaden and deepen his clinical sophistication to a higher level of functioning.

One of the results of our experience with the Child Mental Health Specialist Training Program has been the emergence of a three-year program by combining the two-year core curriculum towards a B.S. Degree with a major in Psychology with an additional one year involving academic classes and clinical and educational work such as student teaching. Graduates from this three-year program, in addition to the skills they have acquired in clinical management of disturbed children in child caring, have also acquired the ability to teach and may qualify for a California Teaching Credential and for the Special Education Specialist Credential for the Learning Handicapped and/or Severely Handicapped. Thus, the Child Mental Health Specialist in the undergraduate program, by adding another year to his training on the graduate level, is preparing himself for a career in teaching as well as in clinical work. From our training experience over the past seven years, we have concluded that two years of undergraduate study and work followed by two additional years of training on a graduate level, or for a total of four years, may provide greater breadth and depth for the new child care professional to function competently in clinical as well as educational and special educational settings. Such a four-year Child Mental Health Specialist Training Program towards a Masters Degree in Child Mental Health is now in preparation at the California State University at Northridge, starting at the junior year on the undergraduate level and continuing until graduating with a Masters Degree. A four-year period would allow the students to receive training in the clinical sciences, psychological sciences, life sciences, social sciences, and educational and communication sciences, and will prepare him for a higher level of sophistication in direct work with children. This four-year academic program needs to be integrated, like the two-year training program, with clinical and educational direct work with children under supervision in clinical and special educational settings. Such a four-year program will provide the trainee with about four thousand hours of clinical and educational work under direct staff supervision.

The Child Mental Health Specialist training curriculum comprises clinical and academic, contents, and process components. Each of these plays an essential role in the training of the future child care professional. Of the various components, the academic is the easiest to teach, the process component and the awareness of it the most difficult to learn. It is the ongoing process in the training of the new professional and the explicit awareness of it that will determine the level of competency and the degree of effectiveness of the future child-caring professional. The academic knowledge and the clinical contents of the curriculum are instruments in the service of process mastery. The various components are singled out only to emphasize the need for their integration and the need for a holistic approach to the care, treatment, and education of children. The parts of the whole training tapestry are singled out to make the trainees aware of the contribution which each of the components makes to his training and to prepare him to become a competent professional in the child mental health field.

The traditional way of training child psychotherapists, e.g., or, for that matter, any psychotherapist, requires personal supervision by experienced therapists.

Very often the trainee in psychotherapy is, in addition, expected to undergo a didactic psychoanalysis. This is needed not only for the future therapist to become aware of his own conflicts, blind spots, and to get an understanding of the working of unconscious forces, but also to heighten his awareness of the processes involved in his psychological and psychodynamic functioning and of the process of psychotherapy to alert him to his own resistances and countertransference forces which may interfere with the therapeutic process. In the training of child care workers and other line staff who work in direct contact with children, the need to become aware of intrapersonal and interpersonal processes that go on in any encounter between adult and child, or any other two people, has been overlooked. This is especially the case in institutional settings and even in small group homes. The tendency, particularly in institutions, is ever present for staff on all levels to act out subtly, and sometimes not so subtly, one's own psychopathology without the person or even other staff becoming aware of it. If one considers the various degrees of training, or lack of training, and the different levels of competencies which various staff members bring into such a treatment facility, and if one also takes into consideration the various degrees of psychopathology which all of us bring into such a setting, it is not difficult to recognize how this could interfere with the development of a therapeutic milieu which is the rationale of existence of residential treatment settings. It is not always possible to avoid such acting-out behavior on the part of the staff. To some extent it may go on even in well-managed institutional settings. The point is that the awareness of its presence and its potential ubiquitousness should be a requirement of anyone who works with children in any setting. To create such awareness in the child mental health trainee requires special resourcefulness and ingenuity on the part of the staff, the supervisors, and the teachers. The effort to make the student aware of the internal and interpersonal processes needs to be an ongoing one and pervade every area of training and can be developed into a focus in all supervisory activities, all clinical seminars dealing with psychodynamics of child development, child psychopathology, family therapy and group treatment seminars. Role playing, psychodrama, and sensitivity training can be used with benefit in such a training program. No other single curriculum component can be used with comparable effectiveness for developing clinical competencies in the future child care professional.

The interdisciplinary nature of, and approach to, the training of the child mental health professional has been emphasized in our training program as an integral part of our training philosophy. The student needs to become aware during his training years that competition, parochialism, hierarchy structure have no place when dealing with children in the mental health field. Also, since the Child Mental Health Specialist is to be a generalist, the interdisciplinary nature of the training will help the trainee develop and integrate the various and versatile skills which are now fragmented and distributed among several professions: educators, psychologists, social service workers, child psychiatrists, occupational therapists, etc. We have made a special effort to select instructors not only from the various disciplines but, also, representing different viewpoints in the same discipline.

From the inception of the training program we emphasized the need to combine and to integrate clinical work with academic knowledge from the very first day of training. This approach is a departure from the traditional way of training professionals in the mental health field--of completing first the academic education and degrees and later on doing fieldwork or serving an internship.

The academic component of the curriculum can be selected from among existing subjects taught at colleges and universities. It can be made flexible and broad enough to satisfy the academic credits and degree requirements as well as the training needs leading to familiarity with the knowledge as reflected in the vast literature in the child mental health field.

The academic curriculum needs to acquaint the student with subjects in the biological, social, anthropological as well as the clinical, psychological, educational, and communication sciences. The literature and textbooks dealing with these subjects are well known and routinely used in colleges and universities. The student who is preparing himself for a career in work with children, however, needs also to acquaint himself with the writings of Erikson, Bowlby, Winnicott, Spitz, Piaget, and Gesell. Psychodynamic child development as reflected in the writings of these authors is especially mentioned here because familiarity with these writings is crucial for the understanding both of the normal and exceptional child and is not widely taught in academic settings.

To develop competencies and skills in the child mental health field, the student needs to rotate through a variety of clinical services dealing with a broad spectrum of children, from birth to eighteen, in various stages in their development, and at different ages, in a variety of settings: residential and day treatment centers, in state hospitals for the mentally ill, and in pediatric hospitals for the acute and chronically medically ill children and adolescents who need psychological care while undergoing medical treatment or surgical intervention. Rotation schedules through continuing services in community mental health centers, and through protective and correctional services such as are provided through the probation department of the juvenile justice system, are available to our students. Options for rotation through developmental disability clinics, early intervention dealing with vulnerable infants and very young children either in pediatric clinics or in their own homes, are available to a number of our students.

The collaboration of various hospitals and clinics for training opportunities for our students is readily secured. The logistics of setting up such rotation services and maintenance requires special attention and liaison between the academic and clinical facilities and may be time consuming. Each rotation period is of four months' duration so that over a twenty-four-month period, the duration of each of our three basic training courses, each student is able to complete six different rotation schedules. The three-year training program has added four additional rotation periods, two of which are spend in educational and special educational settings.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

THE NORBERT I RIEGER CHILDREN'S TREATMENT CENTER
CAMARILLO, CALIFORNIA

CURRICULUM

ASSOCIATE OF ARTS DEGREE
in
PSYCHOLOGY OR EARLY CHILDHOOD EDUCATION

ASSOCIATE OF ARTS CURRICULUM

This curriculum, a two-year Associate of Arts in Psychology or Early Childhood Education Degree program, is designed for students who want to embark on a career as Child Mental Health Specialists and do their academic work on an Art Associate level. Upon completion of the attached curriculum, which includes six clinical semesters (20 hours per week), the student is qualified for the following:

1. Associate of Arts Degree in Psychology or Early Childhood Education
2. Associate Level of the Child Mental Health Specialist Certificate
3. Nursery School Teacher Certificate

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

ASSOCIATE OF ARTS CURRICULUM

FIRST YEAR:

Fall Classes:		Units
PSYCH 23	Child Growth and Development	3
ECD 38/HE 24A	Observation in the Nursery School	3
PSYCH 1A	General Psychology	3
CCP 200A	Directed Child Care Practitioner Training	1
		10

Spring Classes:		
ECD 31A/CCP 2/ PSYCH 11	Psychopathology of Childhood	3
ECD 39A/HE 24B	Supervised Participation in the Nursery School	3
ECD 40/HE 60	Child, Family, and Community	3
CCP 3/PSYCH 8	Group and Individual Counseling Techniques	3
CCP 200B	Directed Child Care Practitioner Training	2
		14

Summer Classes:		
PSYCH 22	Behavioral Techniques	3
CCP 1/ECD22	Speech and Language--Assessment and Remediation	3
		6

SECOND YEAR:

Fall Classes:		Units
CCP5/ECD 31B	Exceptional Child Practicum	3
CCP 4/ECD 30B	Adolescent Psychology	3
CCP 200C	Directed Child Care Practitioner Training	3
		9

Spring Classes:		
CCP 6/ECD 43	Family Counseling	3
NS 53	Crisis Intervention	3
		6

Summer Classes:		
CCP 200D	Directed Child Care Practitioner Training	4

NOTE: Associate of Arts General Education requirements can be integrated into any semester so as to complete degree major at time of Child Mental Health Specialist Training completion.

Course Title: CHILD GROWTH AND DEVELOPMENT - AA

Outline of Course Content:

I. DEVELOPMENT - MATURATION

- A. Concept of Development
  - 1. The meaning of development
  - 2. Phases of development
  - 3. Theories of developmental psychology
  - 4. Uses of developmental psychology
- B. Mechanisms of Development
  - 1. Biological factors
  - 2. Sociocultural factors
  - 3. Individual variation and sociocultural norms
  - 4. Mechanisms of learning
  - 5. Complex manifestations of learning
  - 6. Overview of mechanism

II. PRENATAL DEVELOPMENT

- A. Historical Perspective
- B. Genetic Perspective
- C. Research on Prenatal Behavior

III. NEONATE

- A. Birth Experience
- B. Characteristics
- C. Reflexes

IV. MOTOR DEVELOPMENT - NEONATE-EIGHT YEARS

- A. Gesell
- B. Behaviorism
- C. Piaget
- D. Gross Motor
- E. Motor Generalizations - Kephart
- F. Fine Motor
- G. Sensory-Motor

V. PERCEPTUAL DEVELOPMENT

- A. Nervous System

- B. Problem Areas
- C. Feedback System
- D. Research
- E. Visual
- F. Auditory
- G. Tactile

VI. BODY IMAGE

- A. Definitions
- B. Norms

VII. SOCIAL-EMOTIONAL DEVELOPMENT

Methods of Evaluation:

1. Weekly Quiz
2. Final Exam
3. Observation--Paper at Normal Nursery School
4. Developmental Kit (Assessment and Prescription for Developmental Norms)

Suggested Texts and Materials:

Brazelton, T. Berry. *Infants and Mothers--Differences in Development*. New York: Dell Publishing Company, 1969.

Bronfenbrenner, J., and M. A. Mahoney. *Influences on Human Development*. Hinsdale, Illinois: The Dryden Press, 1975.

Caplan, Frank (General Editor). *The First Twelve Months of Life. Your Baby's Growth Month by Month*. The Princeton Center for Infants and Early Childhood. New York: Grossett and Dunlap, 1973.

Developmental Psychology Today. Del Mar, California: CRM Books, 1971.

Elkind, David. *Children and Adolescents, Interpretive Essays on John Piaget*. New York: Oxford University Press, 1970.

Erikson, Erik H. *Childhood and Society*. New York: W. W. Norton & Company, Inc., 1963.

Erikson, Erik H. "The Life Cycle: Epigenesis of Identity," *Identity, Youth and Crisis,* pp. 91-141. New York: W. W. Norton & Company, Inc., 1968.

________. *Ibid.*, "Infancy and the Mutuality of Recognition," pp. 96-107.

________. *Ibid.*, "Early Childhood and the Will to Be Oneself," pp. 107-114.

Flavell, John H. *The Developmental Psychology of Jean Piaget*. Princeton, New Jersey: D. Van Nostrand Company, Inc., 1963.

Freedman, A. M., and Harold I. Kaplan, Editors. *Human Behavior. Biological, Psychological, and Sociological*. New York: Jason Aronson, Inc., 1973.

Gesell, Arnold. *The First Five Years of Life*. New York: Harper Brothers, 1940.

Gesell and Amatruda. *Gesell and Amatruda's Developmental Diagnosis*, Third Edition. Edited by Hilda Knobloch and Benjamin Pasamanick. Hagerstown, Maryland: Harper & Row, Publishers, Inc., 1974.

Inhelder, Barbel, Hermine Sinclair, and Magali Bovet. *Learning and the Development of Cognition*. Cambridge, Massachusetts: Harvard University Press, 1974.

Josselyn, Irene M. *Psychosocial Development of Children*, Eighth printing. New York: Family Service Association of America, 1958.

________. *The Adolescent and His World*, Fifth printing. New York: Family Service Association of America, 1959.

________. *Adolescence*. A report published under the auspices of The Joint Commission on Mental Health of Children. New York: Harper & Row, Publishers, 1971.

Lewis, Michael, and Leonard A. Rosenblum. *The Effect of the Infant on Its Caregiver*, Volume I in *The Origins of Behavior* series. New York: John Wiley & Sons, Inc., 1974.

Mahler, Margaret S. "On the Concepts of Symbiosis and Separation-Individuation," *On Human Symbiosis and the Vicissitudes of Individuation*, Volume I, *Infantile Psychosis*, pp. 7-31. New York: International Universities Press, Inc., 1968.

Mahler, Margaret S., Fred Pine, and Annie Bergman. *The Psychological Birth of the Human Infant, Symbiosis and Individuation*. New York: Basic Books, Inc., Publishers, 1975.

Neubauer, Peter B., Editor. *Early Child Day Care*. New York: Jason Aronson, Inc., 1974.

Offer, Daniel, and Melvin Sabshin. Normality: Theoretical and Clinical Concepts of Mental Health, Revised Edition. New York: Basic Books, Publishers, 1974.

Rexford, Eveoleen N., Louis W. Sanders, and Theodore Shapiro, Editors. Infant Psychiatry. New Haven: Yale University Press, 1974.

Spitz, René A. The First Year of Life. New York: International Universities Press, Inc., 1965.

Stone, L. Joseph, and Joseph Church. Childhood and Adolescence. New York: Random House, 1973.

Talbot, Nathan B., Editor. Raising Children in Modern America: Problems and Prospective Solutions, Second printing. Boston: Little, Brown and Company (Inc.), 1976.

Talbot, Nathan B. Raising Children in Modern America: What Parents and Society Should Be Doing for Their Children. Boston: Little, Brown and Company (Inc.), 1976.

Talbot, Toby. The World of the Child, Clinical and Cultural Studies from Birth to Adolescence. New York: Jason Aronson, 1974.

Winnicott, D. W. "Transitional Objects and Transitional Phenomena," Playing and Reality, pp. 1-25. New York: Basic Books, Inc., Publishers, 1970.

________. "Ego Integration in Child Development," The Maturational Process and the Facilitating Environment, pp. 56-63. New York: International Universities Press, Inc., 1965.

________. Ibid., "Providing for the Child in Health and in Crisis," pp. 64-72.

________. Ibid., "The Development of the Capacity for Concern," pp. 73-82.

________. Ibid., "Morals and Education," pp. 93-105.

Movies:

Preface to Life, 30 minutes. New York University.

Principles of Development, 17 minutes. New York University.

How Babies Learn, 35 minutes. New York University.

Movies (continued):

Emergence of Personality.

Children's Emotions, 22 minutes. New York University.

Frustrating Fours and Fascinating Fives, 22 minutes. New York University.

Social Development, 16 minutes. New York University.

From Sociable Six to Noisy Nine, 22 minutes. New York University.

Six, Seven, and Eight Year Olds--Society of Children, 30 minutes. New York University.

Sibling Relations and Personality, 22 minutes. New York University.

Everybody's Prejudiced, 22 minutes. New York University.

Children in the Hospital, 44 minutes. New York University.

The Teens, 28 minutes. New York University.

Willie Catches On.

Course Title: OBSERVATION IN THE NURSERY SCHOOL - AA

Outline of Course Content:

I. CATALOG DESCRIPTION

An introduction to child growth and development and working with the young children in the nursery school school setting. Students will observe children's activities and development and teacher planning and interaction within the nursery school setting. Extended experience in community observations (field trips, bus trips, stores) and limited participation assignments in the laboratory nursery school will be a part of the coursework.

II. LECTURE TOPICS

A. Orientation to Classroom Environment
B. Children and Teachers Interaction
C. Children's Use of Materials
D. Children's Relationships with Adults
E. Learning Experiences--Self-initiated and Teacher Directed
F. Language Development
G. Gross Motor Development
H. The Teacher's Role
I. Individual Child Observation

III. CLINICAL REQUIREMENTS

A. Gather and Record Observations
B. Become Familiar with a Variety of Observation Techniques, i.e., Time, Anecdotal, etc.
C. Discuss and Use Recordings
D. Describe the Quality of a Child's Behavior and Interaction with People and Materials
E. Trace a Child's Growth and Development Effectively and Cognitively Through Observational Records, Reading of Teacher Evaluation and Testing, and Other Available Materials (i.e., Videotape Materials, Films, etc.)

IV. CLINICAL TOPICS

A. Orientation to Lab Facility
B. Observe Total Environment and Program
C. Children's Orientation to Environment and Program

D. Children's Interaction with Peer Group
E. Children's Relationships with Adults
F. "Learning Experiences"--Self-initiated and Teacher Directed
G. Children's Use of Materials--Cooperative and Parallel Play
H. Language Development Experience
I. Gross Motor Development--Individual Differences Materials Used
J. Social Relationships--Changes in Patterns Between Children and Between Child and Adult
K. The Teacher

Methods of Evaluation:

1. Midterm and Evaluation of Program
2. Final Evaluation and Student Presentation
3. Two Essay Tests (Midterm and Final)

Suggested Texts and Materials:

A.C.E.I. Childhood Education Journal.

Ashton-Warner, Sylvia. Teacher. New York: Simon & Schuster, 1971.

Axline, Virginia M. Dibs: In Search of Self. New York: Ballantine Books, Inc., 1973.

Bereiter, Carl, and S. Engleman. Teaching Disadvantaged Children in the Preschool. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Brittain, W. Lambert, and Viktor Lowenfeld. Creative and Mental Growth. Sixth edition. New York: Macmillan Publishing Co., Inc., 1975.

Buxbaum, Edith. Troubled Children in a Troubled World. New York: International Universities Press, Inc., 1970.

Cohen, Dorothy H., and Virginia Stern. Observing and Recording the Behavior of Young Children. New York: Teachers College Press, Columbia University, 1958.

Elkind, David, and John H. Flavell. Studies in Cognitive Development. New York: Oxford University Press, 1969.

Fraiberg, Selma. The Magic Years. New York: Charles Scribner's Sons, 1959.

Ginott, Haim G. Between Parent and Child: New Solutions to Old Problems. Twenty-ninth printing. New York: Macmillan Publishing Co., Inc., 1973.

Gitter, Lena L. Montessori's Legacy to Children. Johnstown, Pennsylvania: Mafex Associates, Inc., Publisher, 1970.

Goldstein, Joseph, Anna Freud, and Albert J. Solnit. Beyond the Best Interests of the Child. New York: The Free Press, A Division of Macmillan Publishing Co., Inc., 1973.

Hetznecker, William, and Marc A. Forman. On Behalf of Children. New York: Grune & Stratton, Inc., 1974.

Holt, John. How Children Fail. New York: Pitman Publishing Corporation, 1964.

________. How Children Learn. New York: Pitman Publishing Corporation, 1969.

Hymes, James L., Jr. Behavior and Misbehavior: A Teacher's Guide to Action. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1955.

N.A.E.Y.C. Journal of Young Children.

Nagera, Humerto. Early Childhood Disturbances, the Infantile Neurosis, and the Adulthood Disturbances. New York: International Universities Press, Inc., 1966.

Orem, R. C., and George L. Stevens. American Montessori Manual: Principles, Applications, Terms. Johnstown, Pennsylvania: Mafex Associates, Inc., Publisher, 1970.

Provence, Sally, and Rose C. Lipton. Infants in Institutions: A Comparison of Their Development with Family-Reared Infants During the First Year of Life. Third printing. New York: International Universities Press, Inc., 1969.

Redl, Fritz. When We Deal with Children. Third printing. New York: The Free Press, 1967.

Richards, Martin P. M., Editor. The Integration of a Child into a Social World. New York: Cambridge University Press, 1974.

Rowen, Betty. Children We See. New York: Holt, Rinehart & Winston, Inc., 1973.

Schaefer, Charles, Editor. The Therapeutic Use of Child's Play. New York: Jason Aronson, Inc., 1976.

Sheehy, Emma D. Children Discover Music and Dance. (Early Childhood Education Series.) New York: Teachers College Press, Columbia University, 1968.

Spock, Benjamin. Raising Children in a Difficult Time. New York: W. W. Norton & Company, Inc., 1974.

Todd, V. E., and H. Hefferman. Years Before School: Guiding Preschool Children. Second edition. New York: Macmillan Publishing Co., Inc., 1970.

Weber, Lillian. English Infant School and Informal Education. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1971.

Course Title: GENERAL PSYCHOLOGY - AA

Outline of Course Content:

I. CATALOG DESCRIPTION

A survey of the subject matter of psychology includes philosophy of science, heredity and environment, growth and development, motivation, emotion, learning, personality, and mental health.

II. LECTURE TOPICS

A. Philosophy of Science
  1. Operationalism
  2. Assumptions
  3. Place of psychology in science
  4. Methodology of psychology
  5. Definitions

B. Heredity and Psychology
  1. DNA - RNA
  2. Nature - Nurture
  3. Chromosomes and genes
    a. XYZ syndrome
    b. Down's syndrome
    c. Chromosomal abnormalities

C. Child Psychology and Development
  1. Physical, social and mental development
  2. Personality
  3. Child-rearing practices
  4. Development of self-concept
  5. Psychosocial stages
  6. Psychosexual stages

D. Motivation, Emotion, Learning
  1. Self-actualization
  2. Nature of emotions
  3. Reinforcement theory
  4. Effective study
  5. Forgetting and remembering

E. Intelligence
  1. Definition
  2. Intelligence and tests
  3. Mental retardation
  4. The gifted child

- F. Personality
  - 1. The concept of personality
  - 2. The development of personality
  - 3. Trait and role theory
  - 4. The effects of culture
  - 5. Values and human condition
- G. Mental Health
  - 1. Conflict and stress
  - 2. Effects of frustration and conflict
  - 3. Defense mechanisms
  - 4. Abnormal psychology
    - a. Neuroses
    - b. Psychoses
    - c. Character disorders
  - 5. Therapy
  - 6. The healthy personality

Methods of Evaluation:

1. Four to six tests: combination, multiple choice, short answer, essay (pre- and posttest optional). Each test has equal value.

2. Group discussions.

Suggested Texts and Materials:

APA Task Force on Behavior Therapy. Behavior Therapy in Psychiatry. A Report of the American Psychiatric Association Task Force on Behavior Therapy. New York: Jason Aronson, 1974.

Fabun, Don. Communications: The Transfer of Meaning. Beverly Hills, California: Glencoe Press, 1968.

Frontiers of Psychological Research. Readings from Scientific America. Selected and introduced by Stanley Coopersmith. San Francisco: W. H. Freeman & Company, 1964.

Group for the Advancement of Psychiatry. The Diagnostic Process in Child Psychiatry, Volume III. Ninth printing. New York: Group for the Advancement of Psychiatry, January 1974.

Offer, Daniel, and Melvin Sabshin. Normality: Theoretical and Clinical Concepts of Mental Health. Revised edition. New York: Basic Books, Publishers, 1974.

Readings in Psychology Today. Del Mar, California: CRM Books, 1967-69.

Rosenthal, David. Genetics of Psychopathology. New York: McGraw-Hill Book Company, 1971.

Sartain, Aaron Q., et al. Psychology: Understanding Human Behavior. New York: McGraw-Hill Book Co., 1973.

Schaefer, Halmuth H., and Patrick L. Martin. Behavioral Therapy. Second edition. New York: McGraw-Hill Book Company, 1975.

Talbot, Nathan B., Editor. Raising Children in Modern America: Problems and Prospective Solutions. Second printing. Boston: Little, Brown and Company (Inc.), 1976.

Talbot, Nathan B. Raising Children in Modern America: What Parents and Society Should Be Doing for Their Children. Boston: Little, Brown and Company (Inc.), 1976.

Young, J. Z. An Introduction to the Study of Man. New York: Oxford University Press, 1974.

Course Title: PSYCHOPATHOLOGY OF CHILDHOOD - AA

Outline of Course Content:

I. NORMAL BEHAVIOR

II. INCIDENCE AND PREVALENCE OF EACH TYPE--AND HISTORICAL PERSPECTIVE

III. MENTAL RETARDATION

IV. JUVENILE DELINQUENCY

V. NEUROSIS

VI. PSYCHOSIS

VII. SCHIZOPHRENIA

VIII. EARLY INTANTILE AUTISM

IX. TOPICS FOR LECTURES AND DISCUSSION

    A. Normal vs. Abnormal
    B. Basic Personality Theory
    C. Mental Retardation
    D. Neurosis
    E. Diagnostic Nomenclature
    F. Feeding Problems
    G. Toilet Training Problems
    H. Psychosis
    I. Childhood Schizophrenia
    J. Early Infantile Autism
    K. School Phobia
    L. Juvenile Delinquency
    M. Treatment and Prevention
    N. Diagnostic Procedures

Methods of Evaluation:

1. Weekly quiz.
2. Final examination.

Methods of Evaluation (continued):

3. Paper: Historical and up-to-date review of one child (to include method of diagnosis, behavior, history, treatment, look into the future).

Suggested Texts and Materials:

Abnormal Psychology. Del Mar, California: CRM Books, 1975.

Coleman, James C. Abnormal Psychology and Modern Life. Fourth edition. Glenview, Illinois: Scott, Foresman and Company.

Kessler, Jane W. Psychopathology of Childhood. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Other Sources:

Ekstein, Rudolf. Children of Time and Space, of Action and Impulse. New York: Appleton-Century-Crofts, 1966.

Korchin, Sheldon J. Modern Clinical Psychology. New York: Basic Books Publishers, Inc., 1976.

Quay, Herbert C., and John S. Werry. Psychopathological Disorders of Childhood. New York: John Wiley and Sons, Inc., 1972.

Rexford, E. N., L. W. Sanders, and T. Shapiro. Infant Psychiatry. A new Synthesis. New Haven: Yale University Press, 1976.

Rutter, Michael. Helping Troubled Children. New York: Plenum Press, 1975.

Shopler, Eric, and R. J. Reichler. Psychopathology and Child Development. Research and Treatment. New York: Plenum Press, 1976.

Szurek, S. A., and I. N. Berlin, Editors. Clinical Studies in Childhood Psychoses. New York: Brunner/Mazel, Inc., 1973.

Course Title: CHILD, FAMILY, AND COMMUNITY - AA

Outline of Course Content:

TRACING THE CHILD THROUGH:

I. THE CHILD

   A. Normal Growth and Development vis-a-vis Pathological Development

II. THE FAMILY AS:

   A. A System
   B. Institutional Intervention
   C. Institution as a Family
   D. Modalities of Treatment
   E. The Diagnostic Process

III. THE COMMUNITY (GUEST SPEAKERS)

   A. The School
   B. Community Services Section
   C. The Police
   D. Field Trip to Group Home

Methods of Evaluation:

1. Three Papers: Five to seven pages, double spaced, typewritten.

2. Class presentation.

Suggested Texts and Materials:

THE CHILD:

Byrd, Oliver E. Medical Readings on Drug Abuse. Reading, Massachusetts: Addison-Wesby Publishing Company, 1970.

THE CHILD (continued):

Castaneda, Carlos. *The Teachings of Don Juan: A Yaqui Way of Knowledge*. Berkeley, California: University of California Press, 1968.

Fort, Joel. *The Pleasure Seekers: The Drug Crisis, Youth and Society*. New York: Bobbs-Merril Co., Inc., 1969.

Go Ask Alice. New York: Avon Books, 1972.

Gochros, Harvey L., and Leroy G. Schultz, Editors. *Human Sexuality and Social Work*. New York: Association Press, 1972.

Goethals, George W., and Dennis S. Klos. *Experiencing Youth: First-Person Accounts*. Boston, Massachusetts: Little, Brown and Company, 1970.

Otto, Herbert A., Editor. *The New Sexuality*. Palo Alto, California: Service and Behavior Books, Inc., 1971.

Reuben, David. *Everything You Always Wanted to Know About Sex but Were Afraid to Ask*. New York: Bantam Books, Inc., 1971.

THE FAMILY:

Ackerman, Nathan W., F. L. Beatman, and S. N. Sherman, Editors. *Exploring the Base for Family Therapy*. New York: Family Service Association of America, 1961.

________. *Expanding Theory and Practice in Family Therapy*. New York: Family Service Association of America, 1967.

Alt, Herschel. *Residential Treatment for the Disturbed Child*. New York: International Universities Press, 1960.

Bettelheim, Bruno. *Love Is Not Enough*. Glencoe, Illinois: The Free Press, 1950.

________. *Truants from Life: The Rehabilitation of Emotionally Disturbed Children*. Glencoe, Illinois: The Free Press, 1955.

Masserman, J. H., Editor. "General Systems Theory and Multiple Family Therapy," *Current Psychiatric Therapies*, Volume VIII. New York: Grune & Stratton, Inc., 1968.

THE FAMILY (continued):

Minuchin, Salvador. Families & Family Therapy. Cambridge, Massachusetts: Harvard University Press, 1974.

Patterson, Gerald R. Families: Applications of Social Learning to Family Life. Champaign, Illinois: Research Press Company, 1975.

Redl, Fritz, and David Wineman. Aggressive Child: Children Who Hate and Controls from Within. New York: The Free Press, 1957.

Reed, Joseph H., and Helen R. Hogan. Residential Treatment for Emotionally Disturbed Children. New York: Child Welfare League of America, 1952.

Satir, Virginia. Conjoint Family Therapy. Revised edition. Palo Alto, California: Science and Behavior Books, Inc., 1967.

Skynner, A. C. Robin. Systems of Family and Marital Psychotherapy. New York: Brunner/Mazel, Inc., 1976.

THE COMMUNITY:

Craig, Eleanor. P.S.: You're Not Listening. New York: Richard W. Baron Publishing Company, 1972.

Holt, John. How Children Fail. New York: Pitman Publishing Corporation, 1964.

________. How Children Learn. New York: Pitman Publishing Corporation, 1969.

Stein, Maurice R. The Eclipse of Community: An Interpretation of American Studies. Princeton, New Jersey: Princeton University Press, 1971.

Swarthout, Glendon. Bless the Beasts and the Children. New York: Doubleday & Co., Inc., 1970.

Warren, Roland L. Studying Your Community. New York: The Free Press, 1965.

Course Title: GROUP AND INDIVIDUAL COUNSELING TECHNIQUES - AA

Outline of Course Content:

I. COUNSELING vs. PSYCHOTHERAPY

II. ROLE OF THE THERAPIST

III. INDIVIDUAL vs. GROUP PSYCHOTHERAPY

IV. GROUP PSYCHOTHERAPY

  A. Composition/Group Process
  B. Selection of Clients
  C. Group Recording

V. VARIOUS GROUP METHODS

VI. SOCIOANALYSIS

  A. Psychodrama
  B. Role Training

VII. ADJUNCTIVE TREATMENT METHODOLOGY

VIII. CLASSROOM GROUP MANAGEMENT

IX. DIAGNOSTIC GROUPINGS

X. PERSONAL AWARENESS

XI. TERMINATION

Methods of Evaluation:

1. Individual Assignment

Each student is involved in a therapeutic individual relationship with one child for approximately a ten-week period--minimum of one hour per week (preferably twice weekly). One is looking primarily for the student's observational skills and identifiable themes that emerge that are relevant to individual/group theory and practice. Each student will be under direct supervision. Written summary of

each week's session is required. Discussion of various issues and techniques will be discussed in class on an ongoing basis. (Include process recording once a month.)

2. Read The Little Prince

   In terms of the student's own personal experiences, relationships (family, school, work), and readings, he/she relates the story and messages of this fable into a "mini-self-analysis" which may affect his/her own style as a helping person. Limit to three to five pages, typewritten.

3. Take-Home Final

   The final assignment is an attempt to bring individual and group concepts of psychotherapy, human behaviors, and the student's own personal style together. The student is to use his/her own primary texts, class lecture material, bibliography, personal bias, and observations on the Children's Treatment Center (or other observed human services settings), and with reference to the DSM II of Mental Disorders: The student selects a diagnosis and describes, taking three cases, one of which may be his/her own one-to-one case, presenting briefly and looking for similar family dynamics, social dynamics, and group (peer) relationships. What inferences can be made regarding individual and group psychotherapy (i.e., what position may these children take in group)? What methodology would you feel would be appropriate? Why? Limit to five to seven pages, typewritten, footnoted. Bibliography required with a minimum of six resources.

4. Small Group Assignments

   Observe and/or co-lead a small group (work nature of psychotherapeutic). Who emerged as leader, scapegoat? Analyze group process. What do you need to be aware of in individuals during the group (in process) and after that group? Note group method used--skills of leader (or awareness of your own leadership pro's/con's). Limit to two pages, typewritten.

5. Laboratory

   a. Nonnegotiable laboratory

      The laboratory is an experimental human relations lab designed to increase interpersonal skills, self-awareness, and competence as well as exposing participants to various group techniques and exercises. Laboratory group will meet outside of the classroom for a minimum of twenty-four hours and a maximum of thirty hours.

(1) Must attend entire laboratory. Exceptions to this will be made by majority decision of the laboratory group and then for only up to four hours.

(2) Must begin the laboratory group with a minimum twelve-hour session. The other required hours can be broken down any way the group wishes.

(3) Must present reaction, written or otherwise creative, at the end of the laboratory experience--during the two- to four-hour follow-up approximately one week later.

b. Negotiable laboratory

(1) After the first twelve hours of laboratory, meeting time is negotiable.

(2) Laboratory meeting place is negotiable (not in class or participant's apartment or home).

c. Suggested laboratory types

(1) Nonresidential human relations laboratory

(a) Bring lunches, returning home at night
(b) Saturday, 9:00 a.m. to 9:00 p.m. (twelve hours)
(c) Sunday, 9:00 a.m. to 9:00 p.m. (twelve hours)
(d) Approximately one week later, a two- to four-hour follow-up

(2) Residential human relations laboratory

(a) Bring lunches, "chip in for meals," (potluck weekend)
(b) Saturday, 9:00 a.m. to 1:00 a.m. (sixteen hours)
(c) Sunday, 9:00 a.m. to 4:00 p.m. (seven hours)
(d) Approximately one week later, a two- to four-hour follow-up

d. Course grade

(1) The Little Prince paper	10%
(2) Individual Assignment	20%
(3) Small Group Assignment	20%
(4) Take-Home Final	30%
(5) Class Participation	20%

Suggested Texts and Materials:

INDIVIDUAL COUNSELING:

Agel, Jerome, Editor. The Radical Therapist. New York: Ballantine Books, Inc., 1973.

Bry, Adelaide, Editor. Inside Psychotherapy. New York: Basic Books, Inc., 1972.

Chessick, Richard. Why Psychotherapists Fail. New York: Jason Aronson, Inc., 1971.

De Mille, Richard. Put Your Mother on the Ceiling: Children's Imagination Games. New York: Viking Press, Inc., 1973.

De Saint-Exupery, Antoine. The Little Prince. New York: Harcourt Brace Jovanovich, Inc., 1973.

Downing, George. Massage Book. New York: Random House, Inc., 1972.

Franck, Frederick. Zen of Seeing. New York: Random House, Inc., 1973.

Gardner, Richard. Therapeutic Communication with Children: Mutual Storytelling Technique in Child Psychotherapy. New York: Jason Aronson, Inc., 1971.

Glasser, William. Reality Therapy. New York: Harper & Row Publishers, Inc., 1965.

Goffman, Erving. Presentation of Self in Everyday Life. New York: Doubleday & Co., Inc., 1959.

Gordon, Thomas. Parent Effectiveness Training. New York: Peter H. Wyden, Inc., 1970.

Graziano, Anthony M., Editor. Behavior Therapy with Children. Chicago: Aldine Publishing Co., 1971.

Janov, Arthur. The Primal Scream. New York: Dell Publishing Co., Inc., 1971.

Keen, Sam. "Janey and Primal Therapy 'The Screaming Cure'," Psychology Today. Vol. 5, No. 9 (February 1972), pp. 43-46.

Kramer, Edith. Art As Therapy with Children. New York: Schocken Books, Inc., 1972.

INDIVIDUAL COUNSELING (Continued):

MacKinnon, Roger A., and Robert Michels. *Psychiatric Interview in Clinical Practice*. Philadelphia: W. B. Saunders Co., 1971.

Masserman, Jules H. *Handbook of Psychiatric Therapies*. New York: Jason Aronson, Inc., 1973.

Moustakas, Clark. *Children in Play Therapy*. New York: Ballantine Books, Inc., 1974.

Perls, Frederick S. *Gestalt Therapy Verbatim*. New York: Bantam Books, Inc., 1971.

________. *In & Out of the Garbage Pail*. New York: Bantam Books, Inc., 1972.

Viscott, David S. *The Making of a Psychiatrist*. New York: Fawcett World Library, 1974.

Wood, John T. *How Do You Feel? A Guide to Your Emotions*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1974.

GROUP COUNSELING:

Alcoholics Anonymous. New York: Alcoholics Anonymous World Services, Inc., 1955 (1963).

Almond, Richmond. *The Healing Community: Dynamics of the Therapeutic Milieu*. New York: Jason Aronson, Inc., 1974.

Back, Kurt W. *Beyond Words: The Story of Sensitivity Training & the Encounter Movement*. Russell Sage Foundation, 1972.

Berne, Eric. *Principles of Group Treatment*. New York: Oxford University Press, Inc., 1966.

Edelson, Marshall. *Practice of Sociotherapy: A Case Study*. New Haven, Connecticut: Yale University Press, 1970.

Goffman, Erving. *Encounters: Two Studies in the Sociology of Interaction*. New York: Bobbs-Merrill Co., Inc., 1961.

Harris, Thomas A. *I'm OK - You're OK*. New York: Avon Books, 1973.

GROUP COUNSELING (Continued):

Haskell, Martin R. *The Psychodramatic Method*. Long Beach, California: The California Institute of Socioanalysis, 1967.

Howard, Jane. *Please Touch*. New York: Dell Publishing Co., Inc., 1971.

Konopka, Gisela. *Social Group Work: A Helping Process*. Second edition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.

Leedy, Jack J., Editor. *Poetry Therapy: The Use of Poetry in the Treatment of Emotional Disorders*. New York: J. B. Lippincott Co., 1969.

Lewis, Howard, and Harold Streitfeld. *Growth Games*. New York: Bantam Books, Inc., 1972.

Low, Abraham A. *Mental Health Through Will-Training*. Nineteenth edition. North Quincy, Mass.: Christopher Publishing House (Mass), 1974. (Founder of Recovery, Inc.)

Mann, John, and Herbert A. Otto, Editors. *Ways of Growth. Approaches to Explaining Awareness*. New York: Viking Press, Inc., 1969.

Otto, Herbert A. *Group Methods to Actualize Human Potential*. Beverly Hills, California: Holistic Press, 1973.

Rogers, Carl R. *Carl Rogers on Encounter Groups*. New York: Harper & Row, Publishers, Inc., 1970.

________. "The Group Comes of Age," *Psychology Today*, Vol. 3, No. 7 (December 1969), pp. 27-31.

Rose, Sheldon D. *Treating Children in Groups: A Behavioral Approach*. San Francisco: Jossey-Bass, Inc., Publishers, 1972.

Ross, Anthony L., Martin J. Thommes, Terry Van Orshoven, and Layne A. Longfellow. "The Feel Wheel," *Psychology Today*, Vol. 5, No. 12 (May 1972), pp. 45-52.

Ruitenbeek, Hendrik M. *New Group Therapies*. New York: Avon Books, 1970.

Sargent, S. Stansfeld, and Kenneth R. Stafford. *Basic Teachings of the Great Psychologists*. New York: Doubleday & Co., Inc., 1965.

GROUP COUNSELING (Continued):

Scheflen, Albert E. Body Language and the Social Order: Communication as Behavioral Control. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

Schultz, William C. Here Comes Everybody: Body - Mind & Encounter Culture. New York: Harper & Row, Publishers, Inc., 1972.

________. Joy. New York: Ballantine Books, Inc., 1973.

Siroka, Robert W., Ellen K. Siroka, and Gilbert A. Schloss, Editors. Sensitivity Training and Group Encounter. New York: Grosset's Universal Library, 1971.

Yalom, Irvin D. The Theory & Practice of Group Psychotherapy. Second edition. New York: Basic Books, Inc., 1975.

Course Title: BEHAVIORAL TECHNIQUES - AA

Outline of Course Contents:

I. BEHAVIOR MODIFICATION COMPARED TO OTHER MODES

II. RESPONDENT--OPERANT CONDITIONING

III. METHODS TO INCREASE BEHAVIOR

- A. Positive Reinforcement
- B. Negative Reinforcement
- C. Avoidance
- D. Modeling

IV. METHODS TO DECREASE BEHAVIOR

- A. Aversive Conditioning
- B. Time-Out
- C. Negative Practice
- D. Satiation
- E. Condition Incompatible Response

V. SCHEDULES OF REINFORCEMENT--ACQUISITION AND MAINTENANCE

VI. SELF-CONTROL

VII. ENGINEERED CLASSROOM

VIII. TOKEN ECONOMY

Methods of Evaluation:

1. Weekly quizzes--notes, assigned text, assigned journal articles
2. Two papers--practical experience
   - a. Increase a child's response
   - b. Decrease a child's response
3. Critique a peer's increase paper
4. Final examination

Suggested Texts and Materials:

American Psychiatric Association. Behavior Therapy in Psychiatry. A Report of the American Psychiatric Association Task Force on Behavior Therapy. New York: Jason Aronson, Inc., 1974.

Bandura, Albert. Principles of Behavior Modification. New York: Holt, Rinehart & Winston, Inc., 1969.

Blanchard, E. B., and R. A. Johnson. "Generalization of Operant Classroom Control Procedures," Behavior Therapy. Volume IV (1973), pp. 219-229.

Browning, Robert M., and Donald O. Stover. Behavior Modification in Child Treatment: An Experimental and Clinical Approach. Chicago, Illinois: Aldine Publishing Company, 1971.

Cohen, Harold L., and James Filipczak. A New Learning Environment: A Case for Learning. San Francisco, California: Jossey-Bass, Inc., Publishers, 1971.

Drash, P. W., and B. J. Freeman. Behavior Modification, Behavior Therapy and Operant Conditioning. New York: Behavioral Publications, Inc., 1973.

Foxx, R. M., and N. H. Azrin. "Restitution: A Method of Eliminating Aggressive-Disruptive Behavior of Retarded and Brain-damaged Patients," Behavior Research and Therapy. Volume X (1972), pp. 15-27.

________. "The Elimination of Autistic Self-stimulatory Behavior by Overcorrection," Journal of Applied Behavior Analysis. Volume VI (1973), pp. 1-14.

Foxx, Richard M., and Nathan H. Azrin. Toilet Training the Retarded: A Rapid Program for Day and Nighttime Toileting. Champaign, Illinois: Research Press Company, 1973.

Frankel, F., and J. Q. Simmons. "Self-injurious Behavior in Schizophrenic and Retarded Children," American Journal of Mental Deficiency. Volume V (1976), pp. 512-522.

Freedman, Anne E. The Planned Society: An Analysis of Skinner's Proposals. Kalamazoo, Michigan: Behaviordelia, Inc., 1972.

Freeman, B. J., V. Graham, and E. R. Ritvo. "Reduction of Self-destructive Behavior by Overcorrection," Psychological Reports. Volume 37 (1975), p. 446.

Freeman, B. J., D. Moss, T. Somerset, and E. R. Ritvo. "Elimination of Thumbsucking in a Severely Autistic Boy by Overcorrection," Journal of Behavior Therapy and Experimental Psychiatry. (In Press, 1977.)

Freeman, B. J., and W. Pribble. "Elimination of Inappropriate Toileting Behavior by Overcorrection," Psychological Reports. Volume 35 (1974), p. 802.

Freeman, B. J., and E. R. Ritvo. "Parents as Paraprofessionals," Autism: Diagnosis, Current Research and Management. Edited by E. R. Ritvo, B. J. Freeman, E. M. Ornitz, and P. Tanguay. Holliswood, New York: Spectrum Publications, Inc., 1976.

Freeman, B. J., T. Somerset, and E. R. Ritvo. "Effect of Duration of Time-out in Suppressing Disruptive Behavior in a Severely Autistic Child," Psychological Reports. Volume 38 (1976), pp. 124-126.

Freeman, B. J. "An Overview of Behavior Therapy with Children." Paper presented at the American Academy of Child Psychiatry, Second Annual Review in Child Psychiatry, January 1977.

Graziano, Anthony M., Editor. Behavior Therapy with Children. Chicago, Illinois: Aldine Publishing Company, 1971. Volume I.

_______. Behavior Therapy with Children. Chicago, Illinois: Aldine Publishing Company, 1975. Volume II.

Hewett, F. M. "Teaching Speech to Autistic Children through Operant Conditioning," American Journal of Orthopsychiatry. Volume 35 (1965), pp. 927-936.

MacMillan, D., and S. Forness. "Behavior Modification: Limitations and Liabilities," Exceptional Children. Volume 37 (1970), pp. 291-297.

Malott, R. W. Issues in the Analysis of Behavior. Kalamazoo, Michigan: Behaviordelia, Inc., 1973.

Minge, M. R., and T. S. Ball. "Teaching of Self-help Skills to Profoundly Retarded Patients," American Journal of Mental Deficiency. Volume 71 (1967), pp. 864-868.

Neisworth, John T., and Robert M. Smith. Modifying Retarded Behavior. Boston: Houghton Miffin Co., 1973.

Rimm, David, and John C. Masters. Behavior Therapy: Techniques and Empirical Findings. New York: Academic Press, Inc., 1974.

Ross, Alan O. "Behavior Therapy," Psychopathological Disorders of Childhood. Edited by H. C. Quay and J. S. Werry. New York: John Wiley & Sons, Inc., 1972.

Schaefer, Halmuth H., and Patrick L. Martin. Behavioral Therapy. Second edition. New York: McGraw-Hill Book Company, 1975.

Skinner, B. F. Walden Two. New York: Macmillan Publishing Company, Inc., 1960.

Stolz, Stephanie B., Louis A. Wienckowski, and Bertram S. Brown. "Behavior Modification: A Perspective on Critical Issues," American Psychologist. Volume 30 (1975), pp. 1027-1048.

Ullman, Leonard, and Leonard Krasner. Psychological Approach to Abnormal Behavior. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1969.

Course Title: SPEECH AND LANGUAGE--ASSESSMENT AND INTERVENTION - AA

Outline of Course Content:

I. ANATOMY AND PHYSIOLOGY OF THE EAR, SECOND SPEECH MECHANISM

II. NERVOUS SYSTEM

III. HEARING--IMPAIRMENTS--TESTING. DIAGNOSIS AND TREATMENT

IV. ARTICULATION DISORDERS--DIAGNOSIS AND TREATMENT--PHONETICS

V. VOICE DISORDERS

VI. SPEECH DISORDERS

VII. LANGUAGE DISORDERS

VIII. MENTAL RETARDATION

IX. MENTAL ILLNESS AND VERBAL BEHAVIOR

X. DIFFERENT METHODS AND TECHNIQUES OF EVALUATION AND TREATMENTS

XI. DIFFERENT SETTINGS: INDIVIDUAL--GROUP--CLASSROOM--PLAY

XII. THERAPY--PSYCHODRAMA--BLACK LANGUAGE--BEHAVIOR MODIFICATION AND LANGUAGE

Methods of Evaluation:

1. Five quizzes - 50%
2. One oral presentation - 20%
3. Final examination - 30%

Class participation considered.

Suggested Texts and Materials:

Berry, Mildred F. *Language Disorders of Children: The Bases and Diagnoses.* New York: Appleton Century-Crofts, 1969.

Eisenson, Jon. *Aphasia in Children.* New York: Harper and Row, Publishers, Inc., 197[illegible].

Journals: *ASHA*, *CSHA*, *CEA*.

"Learning to Talk." Bethesda, Maryland: Information Center, National Institute of Health.

Luria, A. R., and F. La Yudovich. *Speech and the Development of Mental Processes in the Child.* Baltimore, Maryland: Penguin Books, Inc., 1972.

Piaget, [illegible]an. *Language and Thought of the Child.* New York: New American Library, 1955.

Scott, Louise B., and Jesse J. Thompson. *Talking Time.* Second edition. New York: McGraw-Hill Book Company, 1966.

Van Riper, Charles. *Speech Correction: Principles and Methods.* Fifth edition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972.

Course Title: EXCEPTIONAL CHILD PRACTICUM - AA

Outline of Course Content:

I. DESCRIPTION

Standardized materials used with exceptional children at the pre-academic and prevocational levels; developmental sequence in both skills and tasks; identification of the different modalities used in learning and their relationships to the deficits of children with learning disabilities; basic teaching skills such as shaping, fading, and reinforcement techniques are examined.

II. CLINICAL EXPECTATIONS

A. Acquaint the student with materials and techniques to work with the learning disabled and emotionally disturbed child and adolescent;
B. To facilitate the construction of materials for specific learning problems and to implement their usage.

III. TOPICS FOR LECTURE AND DISCUSSION

A. Areas of Learning
B. Modal Learning
C. Basic Skills
D. Shaping-Fading-Reinforcement
E. Discrimination Tasks
F. Labeling
G. Gross Motor
H. Fine Motor
I. Visual
J. Auditory
K. Conservation
L. Original Materials

Methods of Evaluation:

1.	Weekly quiz -	100 points
2.	Construction of one learning disability material -	100 points
3.	Class presentation -	120 points

Suggested Texts and Materials:

Barsch, Ray H. *Achieving Perceptual Motor Efficiency.* (Perceptual Motor Curriculum, Volume I.) Seattle, Washington: Special Child Publications, 1967.

_______. *Enriching Perception and Cognition.* (Perceptual Motor Curriculum Series, Volume II.) Seattle, Washington: Special Child Publications, 1969.

Cruickshank, William M. *Psychology of Exceptional Children and Youth.* Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1955.

Darling, Frederick. *Brain Mechanisms Underlying Speech and Language.* New York: Grune and Stratton, 1967.

Early, George. *Perceptual Training in the Curriculum.* Columbus, Ohio: Charles E. Merrill Publishing Company, 1969.

Frostig Program for the Development of Visual Perception, Teachers Manual. Chicago: Follette Educational Corporation, 1964.

Johnson, Doris J., and Helmer R. Myklebust. *Learning Disabilities: Educational Principles and Practices.* New York: Grune and Stratton, 1967.

Long and Newman. *The Teachers' Handling of Children in Conflict.* Bulletin of the School of Education, Indiana University. Bloomington, Indiana: Division of Research and Field Services, Indiana University, July, 1961.

Orem, R. Calvert, Editor. *Montessori and the Special Child.* New York: G. P. Putnam's Sons, 1969.

Piaget, Jean. *The Mechanisms of Perception.* New York: Basic Books, Inc., 1969.

Valett, Robert E. *Remediation of Learning Disabilities: A Handbook of Psychoeducational Resource Programs.* Belmont, California: Fearon Publishers, Inc., 1974.

Van Riper, Charles. *Speech Correction: Principles and Methods.* Fifth edition. Englewood Cliffs, New Jersey, 1972.

Van Riper, Charles, and Katherine Butler. *Speech in the Elementary Classroom.* New York: Harper and Row Publishers, Inc., 1955.

Wyatt, Gertrude. *Language Learning and Communication Disorders in Children.* New York: Free Press, Distributed by: Macmillan Company, 1969.

Suggested Journals:

American Journal of Mental Deficiency

American Association of Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Academic Therapy, an Interdisciplinary Journal

P.O. Box 899
1539 Fourth Street
San Rafael, California 94901

Exceptional Children, Official Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

International Journal of Child Psychiatry & Human Development

Behavioral Publications, Inc.
72 Fifth Avenue
New York, New York 10011

International Journal of Mental Health

International Arts & Sciences Press, Inc.
901 North Broadway
White Plains, New York 10603

Mental Retardation

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Suggested Journals: (continued)

Teaching Exceptional Children, A Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia

Course Title: ADOLESCENT PSYCHOLOGY - AA

Outline of Course Content:

I. DEVELOPMENT IN MIDDLE CHILDHOOD (6-12)

  A. Physical Development
  B. Cognitive Activities
  C. Piaget's Theory of Intellectual Development
  D. Adjustment to School
  E. Relations with Peers
  F. Relations with Family
  G. Sex-Role Identification
  H. Development of Moral Standards
  I. Psychological Problems of Mid[illegible] Childhood

II. DEVELOPMENT OF ADOLESCENCE

  A. Age of Transition
  B. Physical Development
  C. Transition in Emotionality
  D. Development in Socialization and Sexuality
    1. Social influence: Black; feminine viewpoints
  E. The Adolescent and His Family
  F. Acting-Out Adolescent: Sexual, Drugs, Delinquency
  G. Psychoses in Adolescence
  H. Delinquency

Methods of Evaluation:

1. Midterm examination

2. Final examination

3. Paper analyzing your own adolescence

4. Presentation of family therapy

5. Paper on topic chosen by student

Required Texts and Materials:

Byrd, Oliver E. Medical Readings on Drug Abuse. Reading, Massachusetts: Addison-Wesby Publishing Company, 1970.

Caplan, Gerald, and Serge Lebovici, Editors. Adolescence: Psychosocial Perspectives. New York: Basic Books, Inc., 1969.

Castaneda, Carlos. The Teachings of Don Juan: A Yaqui Way of Knowledge. Berkeley, California: University of California Press, 1968.

Fort, Joel. The Pleasure Seekers: The Drug Crisis, Youth and Society. New York: Bobbs-Merril Co., Inc., 1969.

Developmental Psychology Today. Del Mar, California: CRM Books, 1971.

Gochros, Harvey L., and Leroy G. Schultz, Editors. Human Sexuality and Social Work. New York: Association Press, 1972.

Goethals, George W., and Dennis S. Klos. Experiencing Youth: First-Person Accounts. Boston, Massachusetts: Little, Brown and Company, 1970.

Green, Hannah. I Never Promised You a Rose Garden. New York: Holt, Rinehart & Winston, Inc., 1964.

Otto, Herbert A., Editor. The New Sexuality. Palo Alto, California: Service and Behavior Books, Inc., 1971.

Reuben, David. Everything You Always Wanted to Know About Sex but Were Afraid to Ask. New York: Bantam Books, Inc., 1971.

Other Sources:

Balser, B. H., Editor. Psychotherapy of the Adolescent. New York: International Universities Press, Inc., 1959.

Blos, Peter. On Adolescence. New York: The Free Press of Glencoe, 1962.

Caplan, Gerald, and Serge Lebovici. Adolescence: Psychosocial Perspectives. New York: Basic Books, Inc., 1969.

Esman, A. H., Editor. The Psychology of Adolescence: Essential Readings. New York: International Universities Press, Inc., 1975.

Feinstein, Sherman C., and Peter L. Giovacchini. Adolescent Psychiatry. New York: Jason Aronson, Inc., 1971-1976. Volumes I, II, III, IV, and V.

Group for the Advancement of Psychiatry. Normal Adolescence: Its Dynamics and Impact. New York: Charles Scribner's Sons, 1968.

Holmes, D. J. The Adolescent in Psychotherapy. Boston: Little, Brown and Company, 1964.

Josselyn, Irene M. The Adolescent and His World. New York: Family Service of America, 1959.

________. Adolescence. New York: Harper and Row Publishers, Inc., 1971.

Keniston, Kenneth. The Uncommitted. New York: Harcourt, Brace and World, Inc. 1965.

________. Young Radicals. New York: Harcourt, Brace and World, Inc., 1968.

________. "Youth As a Stage of Life," Adolescent Psychiatry. Volume I: Developmental and Clinical Studies, pp. 161-175. Edited by Sherman C. Feinstein, Peter L. Giovacchini, and Arthur A. Miller. New York: Basic Books, Inc., 1971.

________. "Youth and Its Ideology," American Handbook of Psychiatry. Second edition. New York: Basic Books, Inc., 1974. Volume I, pp. 399-428.

Schoolar, Joseph C., Editor. Current Issues in Adolescent Psychiatry. New York: Brunner/Mazel, Inc., 1973.

Course Title: FAMILY COUNSELING - AA

Outline of Course Content:

I. FAMILY SITUATIONS AND THE CHILD

   A. Family Structure
   B. Family Process and the Child
   C. Family Culture and the Child

II. FACETS OF FAMILY LIFE

   A. The Emphatic Complex and Child Behavior
   B. Some Nonfamily Members: Their Role in Child Development

III. MODES OF FAMILY OPERATION

   A. Family Table Talk
   B. Family Modes of Expression
   C. Family Rituals and Child Development
   D. Changing Roles and Functions of Parents

IV. CLASS AND STATUS DIFFERENTIALS

   A. The Child and The Class Structure
   B. The Individual Child and His Status

V. FAMILIES UNDER STRESS

   A. Some Problem Families
   B. Homes with Conflict Situations

VI. EXTRAFAMILY GROUPS AND CHILD DEVELOPMENT

   A. Growing Out of the Family
   B. Peer Groups: Preschool and Later Age
   C. School Situations and Child Development
   D. Mass Media and Children's Heroes

VII. THE LARGER SOCIAL SETTING FOR CHILD DEVELOPMENT

   A. Children as a Population Element
   B. The Status of Childhood in Society
   C. Child Rearing in the United States

Methods of Evaluation:

1.	Class participation	50 Points
2.	Written family diagnosis	50 Points
3.	Presentation of treatment model	100 Points
4.	Examination	100 Points

Suggested Texts and Materials:

Ackerman, Nathan W., et al., Editors. Expanding Theory & Practice in Family Therapy. New York: Family Service Assn. of America, 1967.

Bossard, James H., and Eleanor S. Boll. The Sociology of Child Development. New York: Harper & Row, Publishers, Inc., 1966.

Ferber, Andrew, et al. The Book of Family Therapy. New York: Houghton Mifflin Company, 1973.

Course Title: CRISIS INTERVENTION - AA

Outline of Course Content:

I. CRISIS - GRIEF

II. HISTORICAL DEVELOPMENT OF CRISIS INTERVENTION

III. THE CRISIS INTERVENTION UNIT - STRUCTURE AND FUNCTION

IV. EMERGENCY TELEPHONE SERVICES

V. THE PROCESS OF CRISIS INTERVENTION

VI. DIFFERENTIATION BETWEEN PSYCHOTHERAPEUTIC TECHNIQUES

VII. GROUP THERAPY CONCEPTS IN CRISIS INTERVENTION

VIII. SOCIOCULTURAL FACTORS AFFECTING THERAPEUTIC INTERVENTION

IX. PROBLEM-SOLVING APPROACH TO CRISIS INTERVENTION

X. SITUATIONAL CRISIS (INCIDENTAL)

XI. MATURATIONAL CRISIS (DEVELOPMENTAL)

XII. FAMILY CRISIS

Methods of Evaluation:

Group Presentation:

This assignment requires much effort, motivation, and plain energy. Students are to divide into four working groups (which may be a crisis itself) and choose one of the following examples of crisis intervention methods. They are encouraged to mobilize their talents, skills, and educational know-how, and present a thorough, interesting (possibly unusual) and informative work of art. The use of audiovisual materials, tapes, and speakers is encouraged as well as

volunteer self-experience reporting, statistics/research, role playing, some lecture, and/or any other innovative way to get one's method across to the class and to the teacher. Each student and instructor is to be supplied with a statement of the method's or program's purpose and population served; also, a bibliography (including interview contacts) and a presentation outline. This should be no more than one to one and one-half hours long including discussion time. The grade will be determined by (1) comprehensiveness, (2) usefulness, and (3) interest. This will be sixty percent of the student's grade. The student picks a topic with which he or she is least familiar in order to get the feel for the process of seeking a service. Start soon--don't make this a crisis. Remember, research is the key.

Topics: (No group duplications)

Suicide Prevention
Mental Health Crisis Team
Camarillo State Hospital: Crisis Intervention; Admissions
Abortion Services
Drug Abuse Prevention Center
Hospital: Emergency Services
Health Department: Family Planning; Well-Baby Clinic;
    Services for Adolescents
Mobile Emergency Team
Legal Services
Family Crisis Program
Youth Crisis Program
Interface
Hotline
Child Abuse and Neglect Services
Homicide: Private Investigation

Participation:

Important, of course. This is two-part:

Classroom - 20%
Retreat - 20% (or, critique of Making of a Psychiatrist;
    or Asylums)

Although there is no test, the Parad text is expected to be read.

Primary Text:

Parad, Howard J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Assn. of America, 1965.

Purpose of This Course:

To familiarize students with the crisis intervention concepts and services; also, to consider the various crisis situations as related to children, youth, and adults--especially family crisis.

Suggested Texts and Materials:

Aguilera, Donna C., and Janice M. Messick. Crisis Intervention: Theory and Methodology. Second edition. St. Louis, Missouri: C. V. Mosby Co., 1974.

Bowlby, John. Attachment and Loss. Volume I and II. New York: Basic Books, Inc., 1969.

Goffman, Erving. Asylums: Essays on the Social Situation of Mental Patients & Other Inmates. Garden City, New York: Doubleday & Co., Inc., 1961.

Harris, Thomas A. I'm OK - You're OK. New York: Avon Books, 1973.

Lester, David, and Gene W. Brockopp. Crisis Intervention & Counseling by Telephone. Springfield, Illinois: Charles C. Thomas, Publishers, 1973.

Lewin, Karl K. Brief Encounters. St. Louis, Missouri: Warren Green, II, 1970, pp. 99-104.

Lieb, Julian, et al. The Crisis Team: A Handbook for the Mental Health Profession. New York: Harper & Row, Publishers, Inc., 1973.

McGee, Richard K. Crisis Intervention in the Community. Baltimore, Maryland: University Park Press, 1974.

Menninger, Karl A. Man Against Himself. New York: Harcourt Brace Jovanovich, Inc., 1956.

Parad, Howard J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Assn. of America, 1965. (Primary Text.)

Parkes, Colin Murray. Bereavement: Studies of Grief in Adult Life. New York: International Universities Press, Inc., 1973.

Rosenbaum, C. Peter, and John E. Beebe, III, Editors. Psychiatric Treatment: Crisis, Clinic & Consultation. New York: McGraw-Hill Book Company, 1975.

Schiffman, Muriel. Self-Therapy: Techniques for Personal Growth. Berkeley, California: Self Therapy Press, 1967.

Specter, Gerald, and William Clairborn. Crisis Intervention. New York: Behavioral Publications, Inc., Human Sciences, Inc., 1973.

Viscott, David S. The Making of a Psychiatrist. New York: Fawcett World Library, 1974. (Or, Making of a Psychiatrist. New York: Arbor House Publishing Co., 1972.)

Wolberg, Lewis R., Editor. Short-Term Psychotherapy. New York: Grune & Stratton, 1965.

Other Sources:

Datan, Nancy, and Leon H. Ginsberg. Life Span Developmental Psychology. New York: Academic Press, 1975.

Jacobson, Gerald F. "Progress and Techniques of Intervention," American Handbook of Psychiatry. Second edition. New York: Basic Books, Inc., Publishers, 1974. Volume II, pp. 810-825.

Klein, D. C., and A. Ross. "Kindergarten Entry. A Study of Role Transition," Crisis Intervention: Selected Readings. Edited by H. J. Parad. New York: Family Service Association of America, 1965.

Langsley, Donald G., and David M. Kaplan. The Treatment of Families in Crisis. New York: Grune and Stratton, 1968.

Parad, H. J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Association of America, 1965.

PREVENTION - AA

Other Sources:

Anthony, E. James, and Therese Benedek, Editors. Parenthood: Its Psychology and Psychopathology. Boston: Little, Brown and Company, 1970.

Barclay, Lois, and Alice Morarity. Vulnerability, Coping and Growth--From Infancy to Adolescence. New Haven: Yale University Press, 1976.

Caplan, Gerald, Editor. Prevention of Mental Disorders in Children. New York: Basic Books, Inc., 1961.

Caplan, Gerald. Support Systems and Community Mental Health. New York: Behavioral Publications, 1974.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

THE NORBERT I RIEGER CHILDREN'S TREATMENT CENTER
CAMARILLO, CALIFORNIA

CURRICULUM

BACHELOR OF SCIENCE DEGREE

in

PSYCHOLOGY

BACHELOR OF SCIENCE CURRICULUM

The Bachelor Curriculum, a two-year Bachelor of Science in Psychology program, is designed for students who want to embark on a career as Child Mental Health Specialists and do their academic work on a Bachelor of Science Degree level. Upon completion of the described curriculum, which includes six clinical semesters of a minimum of twenty hours a week, the student is qualified for the following:

1. Bachelor of Science Degree in Psychology
2. Bachelor Level Child Mental Health Specialist Certificate
3. Eligibility for a third year of training as Child Mental Health Specialist towards a Master of Science Degree in Education with emphasis in the field of Special Education

BACHELOR OF SCIENCE -- PSYCHOLOGY

CURRICULUM

The following classes are a requirement of most academic institutions; therefore, a course outline is general and not included here:

Physiological Psychology

Experimental Psychology

Statistics

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

BACHELOR OF SCIENCE CURRICULUM

FIRST YEAR: *Options

Fall Classes:		Units
Educ. 301A	Growth and Development I	3
Psych. 499	Seminar: Communications Disorders	3
Psych. 311	Statistics	4
*Psych 499	Seminar: Child Development Treatment and Services	(1)
Psych. 490	Independent Study: Fieldwork	1
		11 + (1)

Interim:		
Psych. 485	Seminar: The Dependent Child--Social Work	4

Spring Classes:		
Psych. 322	Abnormal Psychology	4
Educ. 301B	Growth and Development II	3
Psych. 340	Contemporary Systems	4
Psych. 490	Independent Study: Fieldwork	1
*Psych. 499	Seminar: Child Development Treatment and Services	(1)
		12 + (1)

Summer Classes:		
Psych. 482	Selected Topics: Behavior Modification	3

Summer Classes (Continued):		Units
Psych. 482	Selected Topics: Clinical Aspects of the Minority Child's World	3
Psych. 490	Independent Study: Fieldwork	1
		7

SECOND YEAR:

Fall Classes:		
Educ. 472	Exceptional Child Practicum	3
Psych. 482	Selected Topics: Psychosocial Studies of the Minority Child	3
Psych. 331	Physiological Psychology	4
Psych. 490	Independent Study: Fieldwork	1
*Psych. 499	Seminar: Advanced Child Development Treatment and Services	(1)
		11 + (1)

Interim:		
Psych. 485	Seminar: Juvenile Delinquency--Probation	4

Spring Classes:		
Psych. 435	Introduction to Counseling and Psychotherapy	4
Psych. 320	Experimental Psychology	4
Psych. 490	Independent Study: Fieldwork	1
*Psych. 499	Seminar: Advanced Child Development Treatment and Services	(1)
		9 + (1)

Summer Classes:		Units
Psych. 482	Selected Topics: Crisis Intervention	3
Psych. 499	Seminar: Family Counseling	3
Psych. 490	Independent Study: Fieldwork	1
		7

Course Title: CHILD GROWTH AND DEVELOPMENT - BS

Outline of Course Content:

I. DEVELOPMENT - MATURATION

A. Concept of Development
  1. The meaning of development
  2. Phases of development
  3. Theories of developmental psychology
  4. Uses of developmental psychology

B. Mechanisms of Development
  1. Biological factors
  2. Sociocultural factors
  3. Individual variation and sociocultural norms
  4. Mechanisms of learning
  5. Complex manifestations of learning
  6. Overview of mechanism

II. PRENATAL DEVELOPMENT

A. Historical Perspective
B. Genetic Perspective
C. Research on Prenatal Behavior

III. NEONATE

A. Birth Experience
B. Characteristics
C. Reflexes

IV. MOTOR DEVELOPMENT - NEONATE-EIGHT YEARS

A. Gesell
B. Behaviorism
C. Piaget
D. Gross Motor
E. Motor Generalizations - Kephart
F. Fine Motor
G. Sensory-Motor

V. PERCEPTUAL DEVELOPMENT

A. Nervous System

- B. Problem Areas
- C. Feedback System
- D. Research
- E. Visual
- F. Auditory
- G. Tactile

VI. BODY IMAGE

- A. Definitions
- B. Norms

VII. SOCIAL-EMOTIONAL DEVELOPMENT

Methods of Evaluation:

1. Weekly Quiz
2. Final Exam
3. Observation--Paper at Normal Nursery School
4. Developmental Kit (Assessment and Prescription for Developmental Norms)

Suggested Texts and Materials:

Brazelton, T. Berry. Infants and Mothers--Differences in Development. New York: Dell Publishing Company, 1969.

Bronfenbrenner, J., and M. A. Mahoney. Influences on Human Development. Hinsdale, Illinois: The Dryden Press, 1975.

Caplan, Frank (General Editor). The First Twelve Months of Life. Your Baby's Growth Month by Month. The Princeton Center for Infants and Early Childhood. New York: Grossett and Dunlap, 1973.

Developmental Psychology Today. Del Mar, California: CRM Books, 1971.

Elkind, David. Children and Adolescents, Interpretive Essays on John Piaget. New York: Oxford University Press, 1970.

Erikson, Erik H. Childhood and Society. New York: W. W. Norton & Company, Inc., 1963.

Erikson, Erik H. "The Life Cycle: Epigenesis of Identity," Identity, Youth and Crisis, pp. 91-141. New York: W. W. Norton & Company, Inc., 1968.

________. Ibid., "Infancy and the Mutuality of Recognition," pp. 96-107.

________. Ibid., "Early Childhood and the Will to Be Oneself," pp. 107-114.

Flavell, John H. The Developmental Psychology of Jean Piaget. Princeton, New Jersey: D. Van Nostrand Company, Inc., 1963.

Freedman, A. M., and Harold I. Kaplan, Editors. Human Behavior. Biological, Psychological, and Sociological. New York: Jason Aronson, Inc., 1973.

Gesell, Arnold. The First Five Years of Life. New York: Harper Brothers, 1940.

Gesell and Amatruda. Gesell and Amatruda's Developmental Diagnosis, Third Edition. Edited by Hilda Knobloch and Benjamin Pasamanick. Hagerstown, Maryland: Harper & Row, Publishers, Inc., 1974.

Inhelder, Barbel, Hermine Sinclair, and Magali Bovet. Learning and the Development of Cognition. Cambridge, Massachusetts: Harvard University Press, 1974.

Josselyn, Irene M. Psychosocial Development of Children, Eighth printing. New York: Family Service Association of America, 1958.

________. The Adolescent and His World, Fifth printing. New York: Family Service Association of America, 1959.

________. Adolescence. A report published under the auspices of The Joint Commission on Mental Health of Children. New York: Harper & Row, Publishers, 1971.

Lewis, Michael, and Leonard A. Rosenblum. The Effect of the Infant on Its Caregiver, Volume I in The Origins of Behavior series. New York: John Wiley & Sons, Inc., 1974.

Mahler, Margaret S. "On the Concepts of Symbiosis and Separation-Individuation," On Human Symbiosis and the Vicissitudes of Individuation, Volume I, Infantile Psychosis, pp. 7-31. New York: International Universities Press, Inc., 1968.

Mahler, Margaret S., Fred Pine, and Annie Bergman. The Psychological Birth of the Human Infant, Symbiosis and Individuation. New York: Basic Books, Inc., Publishers, 1975.

Neubauer, Peter B., Editor. Early Child Day Care. New York: Jason Aronson, Inc., 1974.

Offer, Daniel, and Melvin Sabshin. Normality: Theoretical and Clinical Concepts of Mental Health, Revised Edition. New York: Basic Books, Publishers, 1974.

Rexford, Eveoleen N., Louis W. Sanders, and Theodore Shapiro, Editors. Infant Psychiatry. New Haven: Yale University Press, 1974.

Spitz, René A. The First Year of Life. New York: International Universities Press, Inc., 1965.

Stone, L. Joseph, and Joseph Church. Childhood and Adolescence. New York: Random House, 1973.

Talbot, Nathan B., Editor. Raising Children in Modern America: Problems and Prospective Solutions, Second printing. Boston: Little, Brown and Company (Inc.), 1976.

Talbot, Nathan B. Raising Children in Modern America: What Parents and Society Should Be Doing for Their Children. Boston: Little, Brown and Company (Inc.), 1976.

Talbot, Toby. The World of the Child, Clinical and Cultural Studies from Birth to Adolescence. New York: Jason Aronson, 1974.

Winnicott, D. W. "Transitional Objects and Transitional Phenomena," Playing and Reality, pp. 1–25. New York: Basic Books, Inc., Publishers, 1970.

________. "Ego Integration in Child Development," The Maturational Process and the Facilitating Environment, pp. 56–63. New York: International Universities Press, Inc., 1965.

________. Ibid., "Providing for the Child in Health and in Crisis," pp. 64–72.

________. Ibid., "The Development of the Capacity for Concern," pp. 73–82.

________. Ibid., "Morals and Education," pp. 93–105.

Movies:

Preface to Life, 30 minutes. New York University.

Principles of Development, 17 minutes. New York University.

How Babies Learn, 35 minutes. New York University.

Movies (continued):

Emergence of Personality.

Children's Emotions, 22 minutes. New York University.

Frustrating Fours and Fascinating Fives, 22 minutes. New York University.

Social Development, 16 minutes. New York University.

From Sociable Six to Noisy Nine, 22 minutes. New York University.

Six, Seven, and Eight Year Olds--Society of Children, 30 minutes. New York University.

Sibling Relations and Personality, 22 minutes. New York University.

Everybody's Prejudiced, 22 minutes. New York University.

Children in the Hospital, 44 minutes. New York University.

The Teens, 28 minutes. New York University.

Willie Catches On.

Course Title: SEMINAR: COMMUNICATION DISORDERS - BS

Outline of Course Content:

I. ANATOMY AND PHYSIOLOGY OF THE EAR, SECOND SPEECH MECHANISM

II. NERVOUS SYSTEM

III. HEARING--IMPAIRMENTS--TESTING. DIAGNOSIS AND TREATMENT

IV. ARTICULATION DISORDERS--DIAGNOSIS AND TREATMENT--PHONETICS

V. VOICE DISORDERS

VI. SPEECH DISORDERS

VII. LANGUAGE DISORDERS

VIII. MENTAL RETARDATION

IX. MENTAL ILLNESS AND VERBAL BEHAVIOR

X. DIFFERENT METHODS AND TECHNIQUES OF EVALUATION AND TREATMENTS

XI. DIFFERENT SETTINGS: INDIVIDUAL--GROUP--CLASSROOM--PLAY

XII. THERAPY--PSYCHODRAMA--BLACK LANGUAGE--BEHAVIOR MODIFICATION AND LANGUAGE

Methods of Evaluation:

1. Five quizzes - 50%
2. One oral presentation - 20%
3. Final examination - 30%

Class participation considered.

Suggested Texts and Materials:

Berry, Mildred F. Language Disorders of Children: The Bases and Diagnoses. New York: Appleton Century-Crofts, 1969.

Eisenson, Jon. Aphasia in Children. New York: Harper and Row, Publishers, Inc., 1972.

Journals: ASHA, CSHA, CEA.

"Learning to Talk." Bethesda, Maryland: Information Center, National Institute of Health.

Luria, A. R., and F. La Yudovich. Speech and the Development of Mental Processes in the Child. Baltimore, Maryland: Penguin Books, Inc., 1972.

Piaget, Jean. Language and Thought of the Child. New York: New American Library, 1955.

Scott, Louise B., and Jesse J. Thompson. Talking Time. Second edition. New York: McGraw-Hill Book Company, 1966.

Van Riper, Charles. Speech Correction: Principles and Methods. Fifth edition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972.

Course Title: SEMINAR:
CHILD DEVELOPMENT TREATMENT AND SERVICES - BS

Outline of Course Content:

This seminar exposes students to various treatment programs, methods, and services to children both within and outside of various institutional and clinical settings in California. In addition to a variety of topics, issues, and presenters, students will be able to be involved in an ongoing weekly seminar in child development and family relationships with Itamar Yahalom, Ph.D., in the Tuesday morning lab. This will also alert students to the resources available in the community.

Methods of Evaluation:

Participation and attendance are essential and are the major factors in determining grades. (No more than three absences or grade level is lowered.)

Suggested Speakers' Topics:

1. UCLA Learning Laboratory
2. Child Development
3. Teaching Homes--Parent Education
4. Family Relationships
5. Sand Tray--Jungian Approach
6. Parent-Child Center Program
7. The Chicano Child
8. Identity Formation in the Black Child
9. Zen Buddhism--Self-awareness
10. Civil Rights in a Health Care Facility
11. Psychodrama in Understanding Termination with Children

12. Education for Parenthood
13. What Is a Child Mental Health Specialist?
14. Dance and Music Therapy with Children
15. Developmental Skills Training
16. Play Therapy
17. Panel on Programs for Sexual Deviation Problems--Rights of Gay Minors
18. Infant Stimulation I
19. Infant Stimulation II
20. Family Therapy
21. Parent Effectiveness Training
22. Art as Expression for Children
23. Conjoint Family Therapy

Course Title: SEMINAR: THE DEPENDENT CHILD--SOCIAL WORK - BS

Outline of Course Content:

I. SOCIAL WELFARE FROM AN HISTORICAL PERSPECTIVE

- A. Trends in U.S. Welfare Philosophy
  - 1. Landmark events
  - 2. Themes running through our history
- B. Emergence of Social Work

II. CHILD WELFARE SERVICES

- A. A.F.D.C.-Social Security
- B. Protective Services
- C. Placement
- D. Adoptions

III. SOCIAL WORK SERVICES TO CHILDREN IN RESIDENTIAL PLACEMENT

- A. Intake Procedures
  - 1. Student to participate on an intake
- B. Services to Families
  - 1. What to look for in families
    - a. communication, relationships, values, socioeconomic variables
  - 2. Social worker's role
- C. Agency or Placement Field Trip (to be planned with students)
- D. Placement (student to work on placing specific children)

IV. OTHER SOCIAL WORK ROLES

V. POSSIBLE ROLES OF CHILD MENTAL HEALTH SPECIALISTS WITH SOCIAL WORKERS

Methods of Evaluation:

1. One-third term paper--subject to relate to some role of social work at the hospital.
2. Two-thirds class participation and fieldwork in the community.

Suggested Texts and Materials:

Readings from Social Journal, Family Services Journal, etc.

Course Title: ABNORMAL PSYCHOLOGY - BS

Outline of Course Content:

I. NORMAL BEHAVIOR

II. INCIDENCE AND PREVALENCE OF EACH TYPE-- AND HISTORICAL PERSPECTIVE

III. MENTAL RETARDATION

IV. JUVENILE DELINQUENCY

V. NEUROSIS

VI. PSYCHOSIS

VII. SCHIZOPHRENIA

VIII. EARLY INTANTILE AUTISM

IX. TOPICS FOR LECTURES AND DISCUSSION

A. Normal vs. Abnormal
B. Basic Personality Theory
C. Mental Retardation
D. Neurosis
E. Diagnostic Nomenclature
F. Feeding Problems
G. Toilet Training Problems
H. Psychosis
I. Childhood Schizophrenia
J. Early Infantile Autism
K. School Phobia
L. Juvenile Delinquency
M. Treatment and Prevention
N. Diagnostic Procedures

Methods of Evaluation:

1. Weekly quiz.
2. Final examination.

Methods of Evaluation (continued):

3. Paper: Historical and up-to-date review of one child (to include method of diagnosis, behavior, history, treatment, look into the future).

Suggested Texts and Materials:

Abnormal Psychology. Del Mar, California: CRM Books, 1975.

Coleman, James C. Abnormal Psychology and Modern Life. Fourth edition. Glenview, Illinois: Scott, Foresman and Company.

Kessler, Jane W. Psychopathology of Childhood. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Other Sources:

Ekstein, Rudolf. Children of Time and Space, of Action and Impulse. New York: Appleton-Century-Crofts, 1966.

Korchin, Sheldon J. Modern Clinical Psychology. New York: Basic Books Publishers, Inc., 1976.

Quay, Herbert C., and John S. Werry. Psychopathological Disorders of Childhood. New York: John Wiley and Sons, Inc., 1972.

Rexford, E. N., L. W. Sanders, and T. Shapiro. Infant Psychiatry. A new Synthesis. New Haven: Yale University Press, 1976.

Rutter, Michael. Helping Troubled Children. New York: Plenum Press, 1975.

Shopler, Eric, and R. J. Reichler. Psychopathology and Child Development. Research and Treatment. New York: Plenum Press, 1976.

Szurek, S. A., and I. N. Berlin, Editors. Clinical Studies in Childhood Psychoses. New York: Brunner/Mazel, Inc., 1973.

Course Title: GROWTH AND DEVELOPMENT II - BS

Outline of Course Content:

I. DEVELOPMENT IN MIDDLE CHILDHOOD (6-12)

- A. Physical Development
- B. Cognitive Activities
- C. Piaget's Theory of Intellectual Development
- D. Adjustment to School
- E. Relations with Peers
- F. Relations with Family
- G. Sex-Role Identification
- H. Development of Moral Standards
- I. Psychological Problems of Middle Childhood

II. DEVELOPMENT OF ADOLESCENCE

- A. Age of Transition
- B. Physical Development
- C. Transition in Emotionality
- D. Development in Socialization and Sexuality
  - 1. Social influence: Black; feminine viewpoints
- E. The Adolescent and His Family
- F. Acting-Out Adolescent: Sexual, Drugs, Delinquency
- G. Psychoses in Adolescence
- H. Delinquency

Methods of Evaluation:

1. Midterm examination

2. Final examination

3. Paper analyzing your own adolescence

4. Presentation of family therapy

5. Paper on topic chosen by student

Required Texts and Materials:

Byrd, Oliver E. Medical Readings on Drug Abuse. Reading, Massachusetts: Addison-Wesby Publishing Company, 1970.

Caplan, Gerald, and Serge Lebovici, Editors. Adolescence: Psychosocial Perspectives. New York: Basic Books, Inc., 1969.

Castaneda, Carlos. The Teachings of Don Juan: A Yaqui Way of Knowledge. Berkeley, California: University of California Press, 1968.

Fort, Joel. The Pleasure Seekers: The Drug Crisis, Youth and Society. New York: Bobbs-Merril Co., Inc., 1969.

Developmental Psychology Today. Del Mar, California: CRM Books, 1971.

Gochros, Harvey L., and Leroy G. Schultz, Editors. Human Sexuality and Social Work. New York: Association Press, 1972.

Goethals, George W., and Dennis S. Klos. Experiencing Youth: First-Person Accounts. Boston, Massachusetts: Little, Brown and Company, 1970.

Green, Hannah. I Never Promised You a Rose Garden. New York: Holt, Rinehart & Winston, Inc., 1964.

Otto, Herbert A., Editor. The New Sexuality. Palo Alto, California: Service and Behavior Books, Inc., 1971.

Reuben, David. Everything You Always Wanted to Know About Sex but Were Afraid to Ask. New York: Bantam Books, Inc., 1971.

Other Sources:

Balser, B. H., Editor. Psychotherapy of the Adolescent. New York: International Universities Press, Inc., 1959.

Blos, Peter. On Adolescence. New York: The Free Press of Glencoe, 1962.

Caplan, Gerald, and Serge Lebovici. Adolescence: Psychosocial Perspectives. New York: Basic Books, Inc., 1969.

Esman, A. H., Editor. The Psychology of Adolescence: Essential Readings. New York: International Universities Press, Inc., 1975.

Feinstein, Sherman C., and Peter L. Giovacchini. Adolescent Psychiatry. New York: Jason Aronson, Inc., 1971-1976. Volumes I, II, III, IV, and V.

Group for the Advancement of Psychiatry. Normal Adolescence: Its Dynamics and Impact. New York: Charles Scribner's Sons, 1968.

Holmes, D. J. The Adolescent in Psychotherapy. Boston: Little, Brown and Company, 1964.

Josselyn, Irene M. The Adolescent and His World. New York: Family Service of America, 1959.

________. Adolescence. New York: Harper and Row Publishers, Inc., 1971.

Keniston, Kenneth. The Uncommitted. New York: Harcourt, Brace and World, Inc. 1965.

________. Young Radicals. New York: Harcourt, Brace and World, Inc., 1968.

________. "Youth As a Stage of Life," Adolescent Psychiatry. Volume I: Developmental and Clinical Studies, pp. 161-175. Edited by Sherman C. Feinstein, Perer L. Giovacchini, and Arthur A. Milier. New York: Basic Books, Inc., 1971.

________. "Youth and Its Ideology," American Handbook of Psychiatry. Second edition. New York: Basic Books, Inc., 1974. Volume I, pp. 399-428.

Schoolar, Joseph C., Editor. Current Issues in Adolescent Psychiatry. New York: Brunner/Mazel, Inc., 1973.

Course Title: CONTEMPORARY SYSTEMS AND THEORIES - BS

Outline of Course Content:

I. SCIENTIFIC METHOD AND SCHOOL OF PSYCHOLOGY
II. SENSATION
III. PERCEPTION, CLASSICAL
IV. PERCEPTION, CONTEMPORARY
V. LEARNING I: CLASSICAL
VI. LEARNING II: MINIATURE SYSTEMS
VII. LEARNING III: DERIVATIVE THEORIES AND CURRENT ISSUES
VIII. LEARNING IV: VERBAL
IX. THINKING AND LANGUAGE
X. MOTIVATION
XI. FEELING AND EMOTION
XII. PHYSIOLOGICAL THEORIES OF BEHAVIOR
XIII. QUANTITATIVE PSYCHOLOGY
XIV. PERSONALITY
XV. SOCIAL PSYCHOLOGY

Methods of Evaluation:

1. Four examinations.
2. Each student chooses topic of interest and researches topic thoroughly (topic must be approved by instructor), then prepares annotated bibliography on subject. This is turned in to the instructor who will return it with general questions attached. The student returns the bibliography, the questions, and answers. This will be reviewed and a grade assigned.

Course Title: SELECTED TOPICS: BEHAVIOR MODIFICATION - BS

Outline of Course Contents:

I. BEHAVIOR MODIFICATION COMPARED TO OTHER MODES

II. RESPONDENT--OPERANT CONDITIONING

III. METHODS TO INCREASE BEHAVIOR

   A. Positive Reinforcement
   B. Negative Reinforcement
   C. Avoidance
   D. Modeling

IV. METHODS TO DECREASE BEHAVIOR

   A. Aversive Conditioning
   B. Time-Out
   C. Negative Practice
   D. Satiation
   E. Condition Incompatible Response

V. SCHEDULES OF REINFORCEMENT--ACQUISITION AND MAINTENANCE

VI. SELF-CONTROL

VII. ENGINEERED CLASSROOM

VIII. TOKEN ECONOMY

Methods of Evaluation:

1. Weekly quizzes--notes, assigned text, assigned journal articles
2. Two papers--practical experience
   a. Increase a child's response
   b. Decrease a child's response
3. Critique a peer's increase paper
4. Final examination

Suggested Texts and Materials:

American Psychiatric Association. *Behavior Therapy in Psychiatry*. A Report of the American Psychiatric Association Task Force on Behavior Therapy. New York: Jason Aronson, Inc., 1974.

Bandura, Albert. *Principles of Behavior Modification*. New York: Holt, Rinehart & Winston, Inc., 1969.

Blanchard, E. B., and R. A. Johnson. "Generalization of Operant Classroom Control Procedures," *Behavior Therapy*. Volume IV (1973), pp. 219-229.

Browning, Robert M., and Donald O. Stover. *Behavior Modification in Child Treatment: An Experimental and Clinical Approach*. Chicago, Illinois: Aldine Publishing Company, 1971.

Cohen, Harold L., and James Filipczak. *A New Learning Environment: A Case for Learning*. San Francisco, California: Jossey-Bass, Inc., Publishers, 1971.

Drash, P. W., and B. J. Freeman. *Behavior Modification, Behavior Therapy and Operant Conditioning*. New York: Behavioral Publications, Inc., 1973.

Foxx, R. M., and N. H. Azrin. "Restitution: A Method of Eliminating Aggressive-Disruptive Behavior of Retarded and Brain-damaged Patients," *Behavior Research and Therapy*. Volume X (1972), pp. 15-27.

________. "The Elimination of Autistic Self-stimulatory Behavior by Overcorrection," *Journal of Applied Behavior Analysis*. Volume VI (1973), pp. 1-14.

Foxx, Richard M., and Nathan H. Azrin. *Toilet Training the Retarded: A Rapid Program for Day and Nighttime Toileting*. Champaign, Illinois: Research Press Company, 1973.

Frankel, F., and J. Q. Simmons. "Self-injurious Behavior in Schizophrenic and Retarded Children," *American Journal of Mental Deficiency*. Volume V (1976), pp. 512-522.

Freedman, Anne E. *The Planned Society: An Analysis of Skinner's Proposals*. Kalamazoo, Michigan: Behaviordelia, Inc., 1972.

Freeman, B. J., V. Graham, and E. R. Ritvo. "Reduction of Self-destructive Behavior by Overcorrection," *Psychological Reports*. Volume 37 (1975), p. 446.

Freeman, B. J., D. Moss, T. Somerset, and E. R. Ritvo. "Elimination of Thumb-sucking in a Severely Autistic Boy by Overcorrection," *Journal of Behavior Therapy and Experimental Psychiatry*. (In Press, 1977.)

Freeman, B. J., and W. Pribble. "Elimination of Inappropriate Toileting Behavior by Overcorrection," Psychological Reports. Volume 35 (1974), p. 802.

Freeman, B. J., and E. R. Ritvo. "Parents as Paraprofessionals," Autism: Diagnosis, Current Research and Management. Edited by E. R. Ritvo, B. J. Freeman, E. M. Ornitz, and P. Tanguay. Holliswood, New York: Spectrum Publications, Inc., 1976.

Freeman, B. J., T. Somerset, and E. R. Ritvo. "Effect of Duration of Time-out in Suppressing Disruptive Behavior in a Severely Autistic Child," Psychological Reports. Volume 38 (1976), pp. 124-126.

Freeman, B. J. "An Overview of Behavior Therapy with Children." Paper presented at the American Academy of Child Psychiatry, Second Annual Review in Child Psychiatry, January 1977.

Graziano, Anthony M., Editor. Behavior Therapy with Children. Chicago, Illinois: Aldine Publishing Company, 1971. Volume I.

_______. Behavior Therapy with Children. Chicago, Illinois: Aldine Publishing Company, 1975. Volume II.

Hewett, F. M. "Teaching Speech to Autistic Children through Operant Conditioning," American Journal of Orthopsychiatry. Volume 35 (1965), pp. 927-936.

MacMillan, D., and S. Forness. "Behavior Modification: Limitations and Liabilities," Exceptional Children. Volume 37 (1970), pp. 291-297.

Malott, R. W. Issues in the Analysis of Behavior. Kalamazoo, Michigan: Behaviordelia, Inc., 1973.

Minge, M. R., and T. S. Ball. "Teaching of Self-help Skills to Profoundly Retarded Patients," American Journal of Mental Deficiency. Volume 71 (1967), pp. 864-868.

Neisworth, John T., and Robert M. Smith. Modifying Retarded Behavior. Boston: Houghton Miffin Co., 1973.

Rimm, David, and John C. Masters. Behavior Therapy: Techniques and Empirical Findings. New York: Academic Press, Inc., 1974.

Ross, Alan O. "Behavior Therapy," Psychopathological Disorders of Childhood. Edited by H. C. Quay and J. S. Werry. New York: John Wiley & Sons, Inc., 1972.

Schaefer, Halmuth H., and Patrick L. Martin. Behavioral Therapy. Second edition. New York: McGraw-Hill Book Company, 1975.

Skinner, B. F. Walden Two. New York: Macmillan Publishing Company, Inc., 1960.

Stolz, Stephanie B., Louis A. Wienckowski, and Bertram S. Brown. "Behavior Modification: A Perspective on Critical Issues," American Psychologist. Volume 30 (1975), pp. 1027-1048.

Ullman, Leonard, and Leonard Krasner. Psychological Approach to Abnormal Behavior. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1969.

Course Title: SELECTED TOPICS:
CLINICAL ASPECTS OF THE MINORITY CHILD - BS

Outline of Course Content:

I. COURSE OBJECTIVES

A. To prepare the students to work with minority children and their parents in the areas of special education, public social service, and psychiatric treatment settings.

B. To acquaint the student with some general issues with respect to the management and treatment of minority children and their parents in professional settings.

C. To acquaint the students with the need for an applied ethnic studies component in human services training programs.

D. To enhance the students' communication skills with minority group clients.

II. COURSE CONTENT

A. The need for selected training components on minority groups in human services training programs.

B. The minority in historical perspective.

C. Social service agencies and the minority client.

D. The minority child and his family.

E. The delivery of professional services to minority children and some surrounding professional issues.

F. The concept of mental illness and intellectual deficiency in minority children.

G. The minority child in educational settings.

H. The minority child in mental health settings.

I. Communicating with minority clients.

J. Basic communication skills for students who deal with minority clients.

K. Counseling and working with minority parents.

L. The issue of psychological testing and psychiatric diagnosis.

M. Practical application of course content.

Methods of Evaluation:

1. Examination
2. Term paper
3. Journal abstracts

Course Title: EXCEPTIONAL CHILD PRACTICUM - BS

Outline of Course Content:

I. DESCRIPTION

Standardized materials used with exceptional children at the pre-academic and prevocational levels; developmental sequence in both skills and tasks; identification of the different modalities used in learning and their relationships to the deficits of children with learning disabilities; basic teaching skills such as shaping, fading, and reinforcement techniques are examined.

II. CLINICAL EXPECTATIONS

A. Acquaint the student with materials and techniques to work with the learning disabled and emotionally disturbed child and adolescent;
B. To facilitate the construction of materials for specific learning problems and to implement their usage.

III. TOPICS FOR LECTURE AND DISCUSSION

A. Areas of Learning
B. Modal Learning
C. Basic Skills
D. Shaping-Fading-Reinforcement
E. Discrimination Tasks
F. Labeling
G. Gross Motor
H. Fine Motor
I. Visual
J. Auditory
K. Conservation
L. Original Materials

Methods of Evaluation:

1. Weekly quiz - 100 points
2. Construction of one learning disability material - 100 points
3. Class presentation - 120 points

Suggested Texts and Materials:

Barsch, Ray H. Achieving Perceptual Motor Efficiency. (Perceptual Motor Curriculum, Volume I.) Seattle, Washington: Special Child Publications, 1967.

________. Enriching Perception and Cognition. (Perceptual Motor Curriculum Series, Volume II.) Seattle, Washington: Special Child Publications, 1969.

Cruickshank, William M. Psychology of Exceptional Children and Youth. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1955.

Darling, Frederick. Brain Mechanisms Underlying Speech and Language. New York: Grune and Stratton, 1967.

Early, George. Perceptual Training in the Curriculum. Columbus, Ohio: Charles E. Merrill Publishing Company, 1969.

Frostig Program for the Development of Visual Perception, Teachers Manual. Chicago: Follette Educational Corporation, 1964.

Johnson, Doris J., and Helmer R. Myklebust. Learning Disabilities: Educational Principles and Practices. New York: Grune and Stratton, 1967.

Long and Newman. The Teachers' Handling of Children in Conflict. Bulletin of the School of Education, Indiana University. Bloomington, Indiana: Division of Research and Field Services, Indiana University, July, 1961.

Orem, R. Calvert, Editor. Montessori and the Special Child. New York: G. P. Putnam's Sons, 1969.

Piaget, Jean. The Mechanisms of Perception. New York: Basic Books, Inc., 1969.

Valett, Robert E. Remediation of Learning Disabilities: A Handbook of Psychoeducational Resource Programs. Belmont, California: Fearon Publishers, Inc., 1974

Van Riper, Charles. Speech Correction: Principles and Methods. Fifth edition. Englewood Cliffs, New Jersey, 1972.

Van Riper, Charles, and Katherine Butler. Speech in the Elementary Classroom. New York: Harper and Row Publishers, Inc., 1955.

Wyatt, Gertrude. Language Learning and Communication Disorders in Children. New York: Free Press, Distributed by: Macmillan Company, 1969.

Suggested Journals:

American Journal of Mental Deficiency

American Association of Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Academic Therapy, an Interdisciplinary Journal

P.O. Box 899
1539 Fourth Street
San Rafael, California 94901

Exceptional Children, Official Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

International Journal of Child Psychiatry & Human Development

Behavioral Publications, Inc.
72 Fifth Avenue
New York, New York 10011

International Journal of Mental Health

International Arts & Sciences Press, Inc.
901 North Broadway
White Plains, New York 10603

Mental Retardation

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Suggested Journals: (continued)

Teaching Exceptional Children, A Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia

Course Title: SELECTED TOPICS:
PSYCHOSOCIAL STUDIES OF THE MINORITY CHILD - BS

Outline of Course Content:

PURPOSE:

The purpose of this course is to integrate into the curriculum a condensed component which treats the topic of human culture as a psychological model. Advanced information specific to Asian, Black, and Mexican-American cultures will be presented. The major emphasis of this course will be as follows:

1. Personality and behavior at the individual level among the three minority groups.
2. The process of socialization in the three minority groups.
3. A clinical interpretation of specific psychological and social patterns which are manifested at both the individual and group levels among these cultures.

COURSE CONTENT:

I. PERSONALITY
  A. Variations of parent-child interaction within each culture
  B. Child-rearing practices
  C. The development of personal and social roles in the child

II. SOCIAL PATTERNS
  A. Sociocultural influences on the development of cognitive styles
  B. Language and communication
  C. Group identity and interaction processes

III. INTERACTION WITH DOMINANT SOCIETY
  A. The marginal man concept and emotional adjustment
  B. Current social trends

IV. PRACTICAL IMPLICATIONS
  A. Implications for use of course content in educational and professional treatment settings

Methods of Evaluation:

1. A short paper on "Your working definition of psychosocial treatment of the minority child and his family."

   Indicate what persons have contributed to your present synthesis (writers, colleagues, teachers, supervisors, etc.).

2. A statement defining the area of reading you choose as background for your final paper.
3. A psychosocial assessment of a minority child and his family.
4. An annotated bibliography developed in preparation for your final paper on your work with your child and his family.
5. Due date for your oral presentation. (You will lead the discussion in the class on your psychosocial intervention with a minority child and his family.)
6. Your final statement on your working definition of "psychosocial treatment of the minority child, his family, and community."

Course Title: SEMINAR: JUVENILE DELINQUENCY--PROBATION - BS

Outline of Course Content:

COURSE OBJECTIVES:

1. To provide a participatory experience in the field of juvenile justice.
2. To provide an understanding via psychological, sociological, criminological family systems concepts of the nature and extent of juvenile delinquency.
3. To provide an understanding of the juvenile justice system.
4. To provide an understanding of the law and the child.
5. To provide understanding of community resources available to children in trouble.
6. To provide an understanding of placement and its use with children.
7. To provide an opportunity for the students to begin a professional role definition as Child Mental Health Specialist in the field of juvenile justice and treatment.

Methods of Evaluation:

1. Field placements 24-26 hours per week in community agencies.
2. Agencies utilized under auspices of Ventura County Probation Department--Ventura Juvenile Court, Juvenile Hall, Colston Girls' School, Youth Services, Juvenile Probation (Oxnard and Simi Valley).
3. All students are given an option to tour Ventura School (Youth Authority), and participate in ride-along program with the Police Department.
4. Weekly Seminar.
5. Paper: "The Role of a Child Mental Health Specialist in Probation."

SEMINAR: JUVENILE DELINQUENCY--PROBATION - BS 322

Suggested Texts and Materials:

Aichhorn, August. *Wayward Youth*. New York: The Viking Press, 1973.

Bovet, Lucien. *Psychiatric Aspects of Juvenile Delinquency*. Geneva: World Health Organization, 1951.

Cressey, Donald R., and David A. Ward, Editors. *Delinquency, Crime and Social Process*. New York: Harper & Row Publishers, Inc., 1969.

Eissler, K. R., Editor. *Searchlights on Delinquency*. New York: International Universities Press, Inc., 1967.

Giallombardo, Rose, Editor. *Juvenile Delinquency: A Book of Readings*. National Opinion Research Center, University of Chicago. New York: John Wiley & Sons, Inc., 1972.

Konopka, Gisela. *Adolescent Girl in Conflict*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Rexford, Eveoleen N., Editor. *Developmental Approach to Problems of Acting Out*. Monographs of the *Journal of the American Academy of Child Psychiatry*, No. 1. New York: International Universities Press, Inc., 1966.

Robins, Lee N. *Deviant Children Grown Up*. Baltimore, Maryland: The Williams and Wilkins Company, 1966.

_________. "Antisocial Behavioral Disturbances of Childhood: Prevalence, Prognosis, and Prospects," *The Child in His Family*, Volume III, pp. 447-460. Edited by E. James Anthony and Cyrille Koupernik. New York: John Wiley & Sons, Inc., 1974.

Rutter, Michael. *Helping Troubled Children*. New York: Plenum Press, 1975.

Szurek, S. A., and I. N. Berlin, Editors. *The Antisocial Child: His Family and His Community*. The Langley Porter Child Psychiatry Series, *Clinical Approaches to Problems of Childhood*, Volume IV. Palo Alto, California: Science and Behavior Books, Inc., 1970.

Winnicott, D. W. "The Antisocial Tendency," *Collected Papers*, pp. 306-315. New York: Basic Books, Inc., Publishers, 1958.

Wolff, Sula. *Children Under Stress*. Baltimore, Maryland: Penguin Books, Inc., 1969.

Seminar Schedule:

First Week:
1. Students given orientation to course.
2. Given framework in which to view the organization system, goals, processes, policies, and services of field placement.
3. Each student describes agency to which he or she is placed.
4. General discussion of experiences.

Second Week:
1. Reading assignments given for presentation to class.
2. Speaker: Greg Iungerman, Psychologist. Topic: The Adolescent in Community Placement.
3. Discussion of court and probation department classification system.

Third Week:
1. Reading assignments due.
2. Discussion of treatment in use and alternative treatment and programs with agencies.

Fourth Week:
1. Readings presented.
2. General discussion and course closure.

Course Title: INTRODUCTION TO COUNSELING AND PSYCHOTHERAPY - BS

Outline of Course Content:

I. COUNSELING vs. PSYCHOTHERAPY

II. ROLE OF THE THERAPIST

III. INDIVIDUAL vs. GROUP PSYCHOTHERAPY

IV. GROUP PSYCHOTHERAPY

  A. Composition/Group Process
  B. Selection of Clients
  C. Group Recording

V. VARIOUS GROUP METHODS

VI. SOCIOANALYSIS

  A. Psychodrama
  B. Role Training

VII. ADJUNCTIVE TREATMENT METHODOLOGY

VIII. CLASSROOM GROUP MANAGEMENT

IX. DIAGNOSTIC GROUPINGS

X. PERSONAL AWARENESS

XI. TERMINATION

Methods of Evaluation:

1. Individual Assignment

Each student is involved in a therapeutic individual relationship with one child for approximately a ten-week period--minimum of one hour per week (preferably twice weekly). One is looking primarily for the student's observational skills and identifiable themes that emerge that are relevant to individual/group theory and practice. Each student will be under direct supervision. Written summary of

each week's session is required. Discussion of various issues and techniques will be discussed in class on an ongoing basis. (Include process recording once a month.)

2. Read The Little Prince

   In terms of the student's own personal experiences, relationships (family, school, work), and readings, he/she relates the story and messages of this fable into a "mini-self-analysis" which may affect his/her own style as a helping person. Limit to three to five pages, typewritten.

3. Take-Home Final

   The final assignment is an attempt to bring individual and group concepts of psychotherapy, human behaviors, and the student's own personal style together. The student is to use his/her own primary texts, class lecture material, bibliography, personal bias, and observations on the Children's Treatment Center (or other observed human services settings), and with reference to the DSM II of Mental Disorders: The student selects a diagnosis and describes, taking three cases, one of which may be his/her own one-to-one case, presenting briefly and looking for similar family dynamics, social dynamics, and group (peer) relationships. What inferences can be made regarding individual and group psychotherapy (i.e., what position may these children take in group)? What methodology would you feel would be appropriate? Why? Limit to five to seven pages, typewritten, footnoted. Bibliography required with a minimum of six resources.

4. Small Group Assignments

   Observe and/or co-lead a small group (work nature of psychotherapeutic). Who emerged as leader, scapegoat? Analyze group process. What do you need to be aware of in individuals during the group (in process) and after that group? Note group method used--skills of leader (or awareness of your own leadership pro's/con's). Limit to two pages, typewritten.

5. Laboratory

   a. Nonnegotiable laboratory

      The laboratory is an experimental human relations lab designed to increase interpersonal skills, self-awareness, and competence as well as exposing participants to various group techniques and exercises. Laboratory group will meet outside of the classroom for a minimum of twenty-four hours and a maximum of thirty hours.

   (1) Must attend entire laboratory. Exceptions to this will be made by majority decision of the laboratory group and then for only up to four hours.

   (2) Must begin the laboratory group with a minimum twelve-hour session. The other required hours can be broken down any way the group wishes.

   (3) Must present reaction, written or otherwise creative, at the end of the laboratory experience--during the two- to four-hour follow-up approximately one week later.

b. Negotiable laboratory

   (1) After the first twelve hours of laboratory, meeting time is negotiable.

   (2) Laboratory meeting place is negotiable (not in class or participant's apartment or home).

c. Suggested laboratory types

   (1) Nonresidential human relations laboratory

      (a) Bring lunches, returning home at night
      (b) Saturday, 9:00 a.m. to 9:00 p.m. (twelve hours)
      (c) Sunday, 9:00 a.m. to 9:00 p.m. (twelve hours)
      (d) Approximately one week later, a two- to four-hour follow-up

   (2) Residential human relations laboratory

      (a) Bring lunches, "chip in for meals," (potluck weekend)
      (b) Saturday, 9:00 a.m. to 1:00 a.m. (sixteen hours)
      (c) Sunday, 9:00 a.m. to 4:00 p.m. (seven hours)
      (d) Approximately one week later, a two- to four-hour follow-up

d. Course grade

(1) *The Little Prince* paper	10%
(2) Individual Assignment	20%
(3) Small Group Assignment	20%
(4) Take-Home Final	30%
(5) Class Participation	20%

Suggested Texts and Materials:

INDIVIDUAL COUNSELING:

Agel, Jerome, Editor. *The Radical Therapist*. New York: Ballantine Books, Inc., 1973.

Bry, Adelaide, Editor. *Inside Psychotherapy*. New York: Basic Books, Inc., 1972.

Chessick, Richard. *Why Psychotherapists Fail*. New York: Jason Aronson, Inc., 1971.

De Mille, Richard. *Put Your Mother on the Ceiling: Children's Imagination Games*. New York: Viking Press, Inc., 1973.

De Saint-Exupery, Antoine. *The Little Prince*. New York: Harcourt Brace Jovanovich, Inc., 1973.

Downing, George. *Massage Book*. New York: Random House, Inc., 1972.

Franck, Frederick. *Zen of Seeing*. New York: Random House, Inc., 1973.

Gardner, Richard. *Therapeutic Communication with Children: Mutual Storytelling Technique in Child Psychotherapy*. New York: Jason Aronson, Inc., 1971.

Glasser, William. *Reality Therapy*. New York: Harper & Row Publishers, Inc., 1965.

Goffman, Erving. *Presentation of Self in Everyday Life*. New York: Doubleday & Co., Inc., 1959.

Gordon, Thomas. *Parent Effectiveness Training*. New York: Peter H. Wyden, Inc., 1970.

Graziano, Anthony M., Editor. *Behavior Therapy with Children*. Chicago: Aldine Publishing Co., 1971.

Janov, Arthur. *The Primal Scream*. New York: Dell Publishing Co., Inc., 1971.

Keen, Sam. "Janey and Primal Therapy 'The Screaming Cure'," *Psychology Today*. Vol. 5, No. 9 (February 1972), pp. 43-46.

Kramer, Edith. *Art As Therapy with Children*. New York: Schocken Books, Inc., 1972.

INDIVIDUAL COUNSELING (Continued):

MacKinnon, Roger A., and Robert Michels. Psychiatric Interview in Clinical Practice. Philadelphia: W. B. Saunders Co., 1971.

Masserman, Jules H. Handbook of Psychiatric Therapies. New York: Jason Aronson, Inc., 1973.

Moustakas, Clark. Children in Play Therapy. New York: Ballantine Books, Inc., 1974.

Perls, Frederick S. Gestalt Therapy Verbatim. New York: Bantam Books, Inc., 1971.

________. In & Out of the Garbage Pail. New York: Bantam Books, Inc., 1972.

Viscott, David S. The Making of a Psychiatrist. New York: Fawcett World Library, 1974.

Wood, John T. How Do You Feel? A Guide to Your Emotions. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1974.

GROUP COUNSELING:

Alcoholics Anonymous. New York: Alcoholics Anonymous World Services, Inc., 1955 (1963).

Almond, Richmond. The Healing Community: Dynamics of the Therapeutic Milieu. New York: Jason Aronson, Inc., 1974.

Back, Kurt W. Beyond Words: The Story of Sensitivity Training & the Encounter Movement. Russell Sage Foundation, 1972.

Berne, Eric. Principles of Group Treatment. New York: Oxford University Press, Inc., 1966.

Edelson, Marshall. Practice of Sociotherapy: A Case Study. New Haven, Connecticut: Yale University Press, 1970.

Goffman, Erving. Encounters: Two Studies in the Sociology of Interaction. New York: Bobbs-Merrill Co., Inc., 1961.

Harris, Thomas A. I'm OK – You're OK. New York: Avon Books, 1973.

GROUP COUNSELING (Continued):

Haskell, Martin R. The Psychodramatic Method. Long Beach, California: The California Institute of Socioanalysis, 1967.

Howard, Jane. Please Touch. New York: Dell Publishing Co., Inc., 1971.

Konopka, Gisela. Social Group Work: A Helping Process. Second edition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.

Leedy, Jack J., Editor. Poetry Therapy: The Use of Poetry in the Treatment of Emotional Disorders. New York: J. B. Lippincott Co., 1969.

Lewis, Howard, and Harold Streitfeld. Growth Games. New York: Bantam Books, Inc., 1972.

Low, Abraham A. Mental Health Through Will-Training. Nineteenth edition. North Quincy, Mass.: Christopher Publishing House (Mass), 1974. (Founder of Recovery, Inc.)

Mann, John, and Herbert A. Otto, Editors. Ways of Growth. Approaches to Explaining Awareness. New York: Viking Press, Inc., 1969.

Otto, Herbert A. Group Methods to Actualize Human Potential. Beverly Hills, California: Holistic Press, 1973.

Rogers, Carl R. Carl Rogers on Encounter Groups. New York: Harper & Row, Publishers, Inc., 1970.

_______. "The Group Comes of Age," Psychology Today, Vol. 3, No. 7 (December 1969), pp. 27-31.

Rose, Sheldon D. Treating Children in Groups: A Behavioral Approach. San Francisco: Jossey-Bass, Inc., Publishers, 1972.

Ross, Anthony L., Martin J. Thommes, Terry Van Orshoven, and Layne A. Longfellow. "The Feel Wheel," Psychology Today, Vol. 5, No. 12 (May 1972), pp. 45-52.

Ruitenbeek, Hendrik M. New Group Therapies. New York: Avon Books, 1970.

Sargent, S. Stansfeld, and Kenneth R. Stafford. Basic Teachings of the Great Psychologists. New York: Doubleday & Co., Inc., 1965.

GROUP COUNSELING (Continued):

Scheflen, Albert E. Body Language and the Social Order: Communication as Behavioral Control. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

Schultz, William C. Here Comes Everybody: Body - Mind & Encounter Culture. New York: Harper & Row, Publishers, Inc., 1972.

________. Joy. New York: Ballantine Books, Inc., 1973.

Siroka, Robert W., Ellen K. Siroka, and Gilbert A. Schloss, Editors. Sensitivity Training and Group Encounter. New York: Grosset's Universal Library, 1971.

Yalom, Irvin D. The Theory & Practice of Group Psychotherapy. Second edition. New York: Basic Books, Inc., 1975.

Course Title: CRISIS INTERVENTION - BS

Outline of Course Content:

I. CRISIS - GRIEF
II. HISTORICAL DEVELOPMENT OF CRISIS INTERVENTION
III. THE CRISIS INTERVENTION UNIT - STRUCTURE AND FUNCTION
IV. EMERGENCY TELEPHONE SERVICES
V. THE PROCESS OF CRISIS INTERVENTION
VI. DIFFERENTIATION BETWEEN PSYCHOTHERAPEUTIC TECHNIQUES
VII. GROUP THERAPY CONCEPTS IN CRISIS INTERVENTION
VIII. SOCIOCULTURAL FACTORS AFFECTING THERAPEUTIC INTERVENTION
IX. PROBLEM-SOLVING APPROACH TO CRISIS INTERVENTION
X. SITUATIONAL CRISIS (INCIDENTAL)
XI. MATURATIONAL CRISIS (DEVELOPMENTAL)
XII. FAMILY CRISIS

Methods of Evaluation:

Group Presentation:

This assignment requires much effort, motivation, and plain energy. Students are to divide into four working groups (which may be a crisis itself) and choose one of the following examples of crisis intervention methods. They are encouraged to mobilize their talents, skills, and educational know-how, and present a thorough, interesting (possibly unusual) and informative work of art. The use of audiovisual materials, tapes, and speakers is encouraged as well as

volunteer self-experience reporting, statistics/research, role playing, some lecture, and/or any other innovative way to get one's method across to the class and to the teacher. Each student and instructor is to be supplied with a statement of the method's or program's purpose and population served; also, a bibliography (including interview contacts) and a presentation outline. This should be no more than one to one and one-half hours long including discussion time. The grade will be determined by (1) comprehensiveness, (2) usefulness, and (3) interest. This will be sixty percent of the student's grade. The student picks a topic with which he or she is least familiar in order to get the feel for the process of seeking a service. Start soon--don't make this a crisis. Remember, research is the key.

Topics: (No group duplications)

Suicide Prevention
Mental Health Crisis Team
Camarillo State Hospital: Crisis Intervention; Admissions
Abortion Services
Drug Abuse Prevention Center
Hospital: Emergency Services
Health Department: Family Planning; Well-Baby Clinic;
    Services for Adolescents
Mobile Emergency Team
Legal Services
Family Crisis Program
Youth Crisis Program
Interface
Hotline
Child Abuse and Neglect Services
Homicide: Private Investigation

Participation:

Important, of course. This is two-part:

Classroom - 20%
Retreat - 20% (or, critique of Making of a Psychiatrist;
    or Asylums)

Although there is no test, the Parad text is expected to be read.

Primary Text:

Parad, Howard J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Assn. of America, 1965.

Purpose of This Course:

To familiarize students with the crisis intervention concepts and services; also, to consider the various crisis situations as related to children, youth, and adults--especially family crisis.

Suggested Texts and Materials:

Aguilera, Donna C., and Janice M. Messick. Crisis Intervention: Theory and Methodology. Second edition. St. Louis, Missouri: C. V. Mosby Co., 1974.

Bowlby, John. Attachment and Loss. Volume I and II. New York: Basic Books, Inc., 1969.

Goffman, Erving. Asylums: Essays on the Social Situation of Mental Patients & Other Inmates. Garden City, New York: Doubleday & Co., Inc., 1961.

Harris, Thomas A. I'm OK - You're OK. New York: Avon Books, 1973.

Lester, David, and Gene W. Brockopp. Crisis Intervention & Counseling by Telephone. Springfield, Illinois: Charles C. Thomas, Publishers, 1973.

Lewin, Karl K. Brief Encounters. St. Louis, Missouri: Warren Green, II, 1970, pp. 99-104.

Lieb, Julian, et al. The Crisis Team: A Handbook for the Mental Health Profession. New York: Harper & Row, Publishers, Inc., 1973.

McGee, Richard K. Crisis Intervention in the Community. Baltimore, Maryland: University Park Press, 1974.

Menninger, Karl A. Man Against Himself. New York: Harcourt Brace Jovanovich, Inc., 1956.

Parad, Howard J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Assn. of America, 1965. (Primary Text.)

Parkes, Colin Murray. Bereavement: Studies of Grief in Adult Life. New York: International Universities Press, Inc., 1973.

Rosenbaum, C. Peter, and John E. Beebe, III, Editors. Psychiatric Treatment: Crisis, Clinic & Consultation. New York: McGraw-Hill Book Company, 1975.

Schiffman, Muriel. Self-Therapy: Techniques for Personal Growth. Berkeley, California: Self Therapy Press, 1967.

Specter, Gerald, and William Clairborn. Crisis Intervention. New York: Behavioral Publications, Inc., Human Sciences, Inc., 1973.

Viscott, David S. The Making of a Psychiatrist. New York: Fawcett World Library, 1974. (Or, Making of a Psychiatrist. New York: Arbor House Publishing Co., 1972.)

Wolberg, Lewis R., Editor. Short-Term Psychotherapy. New York: Grune & Stratton, 1965.

Other Sources:

Datan, Nancy, and Leon H. Ginsberg. Life Span Developmental Psychology. New York: Academic Press, 1975.

Jacobson, Gerald F. "Progress and Techniques of Intervention," American Handbook of Psychiatry. Second edition. New York: Basic Books, Inc., Publishers, 1974. Volume II, pp. 810-825.

Klein, D. C., and A. Ross. "Kindergarten Entry. A Study of Role Transition," Crisis Intervention: Selected Readings. Edited by H. J. Parad. New York: Family Service Association of America, 1965.

Langsley, Donald G., and David M. Kaplan. The Treatment of Families in Crisis. New York: Grune and Stratton, 1968.

Parad, H. J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Association of America, 1965.

Other Sources:

Anthony, E. James, and Therese Benedek, Editors. Parenthood: Its Psychology and Psychopathology. Boston: Little, Brown and Company, 1970.

Barclay, Lois, and Alice Morarity. Vulnerability, Coping and Growth--From Infancy to Adolescence. New Haven: Yale University Press, 1976.

Caplan, Gerald, Editor. Prevention of Mental Disorders in Children. New York: Basic Books, Inc., 1961.

Caplan, Gerald. Support Systems and Community Mental Health. New York: Behavioral Publications, 1974.

Course Title: SEMINAR: FAMILY COUNSELING - BS

Outline of Course Content:

I. FAMILY SITUATIONS AND THE CHILD
  A. Family Structure
  B. Family Process and the Child
  C. Family Culture and the Child

II. FACETS OF FAMILY LIFE
  A. The Emphatic Complex and Child Behavior
  B. Some Nonfamily Members: Their Role in Child Development

III. MODES OF FAMILY OPERATION
  A. Family Table Talk
  B. Family Modes of Expression
  C. Family Rituals and Child Development
  D. Changing Roles and Functions of Parents

IV. CLASS AND STATUS DIFFERENTIALS
  A. The Child and The Class Structure
  B. The Individual Child and His Status

V. FAMILIES UNDER STRESS
  A. Some Problem Families
  B. Homes with Conflict Situations

VI. EXTRAFAMILY GROUPS AND CHILD DEVELOPMENT
  A. Growing Out of the Family
  B. Peer Groups: Preschool and Later Age
  C. School Situations and Child Development
  D. Mass Media and Children's Heroes

VII. THE LARGER SOCIAL SETTING FOR CHILD DEVELOPMENT
  A. Children as a Population Element
  B. The Status of Childhood in Society
  C. Child Rearing in the United States

Methods of Evaluation:

1.	Class participation	50 Points
2.	Written family diagnosis	50 Points
3.	Presentation of treatment model	100 Points
4.	Examination	100 Points

Suggested Texts and Materials:

Ackerman, Nathan W., et al., Editors. Expanding Theory & Practice in Family Therapy. New York: Family Service Assn. of America, 1967.

Bossard, James H., and Eleanor S. Boll. The Sociology of Child Development. New York: Harper & Row, Publishers, Inc., 1966.

Ferber, Andrew, et al. The Book of Family Therapy. New York: Houghton Mifflin Company, 1973.

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

THE NORBERT I RIEGER CHILDREN'S TREATMENT CENTER
CAMARILLO, CALIFORNIA

CURRICULUM

SPECIAL MASTER OF SCIENCE DEGREE

in

EDUCATION

with emphasis in the field of

SPECIAL EDUCATION

SPECIAL MASTER OF SCIENCE CURRICULUM

The Special Master of Science Curriculum is a one-year clinical and academic training program designed only for graduates from our two-year Bachelor of Science academic and clinical training program. Graduates from this third-year Child Mental Health Specialist Training Program, which includes two student teaching semesters (EH and normal) and one clinical semester (twenty hours per week), are qualified for the following:

1. Master of Science Degree in Education with emphasis in the field of Special Education
2. Master Level Child Mental Health Specialist Certificate
3. California State Teaching Credentials:
    a. Normal Elementary - K-12th Grades
    b. Special Education Specialist - K-12th Grades
        (1) Learning Handicapped
        (2) Severely Handicapped

SPECIAL MASTER OF SCIENCE -- EDUCATION

CURRICULUM

The following classes are a requirement of most Education Departments and/or teaching credential standards; therefore, a course outline is not included here:

Management of Learning Laboratory

Statistics

Philosophers on Education

(or)

History of Education

Psychology of Learning

Methods of Research

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

SPECIAL MASTER OF SCIENCE CURRICULUM

		*Options Units
Fall Classes:		
Educ. 514	Learning Disabilities I: Reading Procedures Assessment and Remediation	3
Educ. 517	Learning Disabilities II: Math Procedures Assessment and Remediation	3
Educ. 446A	Directed Teaching	6
(or)	(or)	
*Educ. 594A	Field Study: Special Education	(1-3)
Educ. 580	Selected Topics: Methods of Multicultural Education	3
*Psych. 595	Seminar: Child Development Treatment and Services	(1)
		15 + (1-4)
Interim:		
MPA 595	Seminar: Public Administration	4
(or)	(or)	(or)
Educ. 595	Seminar: Diagnostic Testing	4
Spring Classes:		
Educ. 564	Organic and Cultural Basis for Severely Handicapped	3
Educ. 530A	Diagnostic and Prescriptive Teaching of Reading	3
Educ. 446B	Directed Teaching	6
(or)	(or)	
*Educ. 594B	Field Study	(1-3)

Spring Classes (Continued):		Units
Educ. 545	Philosophers on Education	3
(or)	(or)	(or)
Educ. 555	History of Education	3
*Psych. 595	Seminar: Child Development Treatment and Services	(1)
		15 + (1-4)

Summer Classes:

Educ. 560	Learning Disabilities III: Motor-Perceptual Procedures	3
Educ. 599	Thesis or Project	(2)
Educ. 594A	Field Study: Special Education	(1-3)
Educ. 567	Techniques of Teaching the Severely Handicapped and Working with Their Parents	3
Educ. 563	Learning Characteristics of the Developmentally Disabled	3
Educ. 515	Psychology of Learning	3
		12 + (1-5)

COURSES TAKEN AT THE B.S. LEVEL:

Special Master of Science students have taken the following courses at the B.S. level:

Child Growth and Development

Psychology of the Exceptional Child
(Abnormal Psychology)

Language and Speech Development and Disorders

Multiple Handicapped, Emotionally Disturbed and Autistic
(Behavior Modification)

Courses Taken at the B.S. Level (Continued):

Management of Learning Laboratory
(Social Studies, Math, and Science)

Counseling Exceptional Children and Parents
(Individual and Group)

Juvenile Delinquency--Probation -- Interim

The Dependent Child--Social Work -- Interim

Statistics

Methods of Research
(Not necessary since Experimental Psychology
was taken)

Seminar: Learning Disabled, Behaviorally Disordered,
Educationally Handicapped
(Exceptional Child and Adolescent)

Course Title: LEARNING DISABILITIES I:
READING PROCEDURES ASSESSMENT AND REMEDIATION -

Special MS

Outline of Course Content:

I. COURSE DESCRIPTION

The purpose of this course is to give teachers the skills necessary for diagnosing specific reading problems through the use of various tests. It also includes interpretation of results and the choice of appropriate corrective materials and techniques.

II. OBJECTIVES

Skills in administration of the following tests:

A. Wide Range Achievement Test
B. Gray Oral Reading Test
C. Gilmore Oral Reading Test
D. Spache Diagnostic Reading Scales
E. Stanford Reading Achievement Test
F. Nelson & Nelson-Denny Reading Test
G. New Developmental Bond Test
H. Several other related tests

III. LEARNING PROCESS

A. The interpretation of the above test results in relation to other tests.
B. An understanding of the role of perceptual processes as applied to reading and related skills.
C. Development of the abilities to select material and to use techniques for remediation of specific reading problems.

Methods of Evaluation:

1. Evaluation:
   a. Class discussion
   b. Case study: testing, interpretation, objectives, methods, and materials

Methods of Evaluation (Continued):

2. Procedures:

   a. Lecture: presentation of materials and methods
   b. Demonstration of test administration
   c. Practice of administration of tests
   d. Discussion of methods and materials
   e. Materials used

Suggested Texts and Materials:

DeGenaro, Jeannie J. "Informal Diagnostic Procedures: 'What Can I Do Before the Psychometrist Arrives?'," *Journal of Learning Disabilities*. Vol. VIII, No. 9 (November, 1975), pp. 24-30.

Harris, Albert J., and Edward R. Sipay. *How to Increase Reading Ability: A Guide to Developmental and Remedial Methods*. Sixth edition. New York: David McKay Co., Inc., 1975.

Kirk, Samuel A., and Winifred D. Kirk. *Psycholinguistic Learning Disabilities: Diagnosis and Remediation*. Urbana, Illinois: University of Illinois Press, 1971.

Lerner, Janet W. *Children with Learning Disabilities: Theories, Diagnosis and Teaching Strategies*. Boston, Massachusetts: Houghton Miffin Co., 1971.

O'Donnell, P. A. *Motor and Haptic Learning*. San Rafael, California: Dimensions Publishing Co., 1969.

Slingerland, B. H. *Slingerland Screening Tests for identifying Children with Specific Language Disability*. Teacher's Manual. Cambridge, Massachusetts: Educators Publishing Service, Inc., 1970.

Smith, Robert. *Teacher Diagnosis of Educational Difficulties*. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Anthony, E. James. "'It Hurts Me More Than It Hurts You'--An Approach to Discipline as a Two-Way Process," From Learning for Love to Love of Learning, pp. 117-131, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Ashton-Warner, Sylvia. Teacher. New York: Simon & Schuster, Inc., 1971.

Baldwin, A. L. Theories of Child Development. New York: John Wiley & Sons, Inc., 1967.

Bateman, Barbara D. "Educational Implications of Minimal Brain Dysfunction," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 674-681. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Bender, Lauretta. "Problems in Conceptualization and Communication in Children with Developmental Alexia," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 528-548. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Berkowitz, Morton I. A Primer on School Mental Health Consultation. Springfield, Illinois: Charles C. Thomas, Publisher, 1975.

Bettelheim, Bruno. Love Is Not Enough. New York: Free Press, Distributed by: Macmillan Co., 1950.

________. "The Education of Emotionally and Culturally Deprived Children," From Learning for Love to Love of Learning, pp. 235-244, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Bower, Eli M. Early Identification of Emotionally Handicapped Children in School. Springfield, Illinois: Charles C. Thomas, Publisher, 1960.

Bruner, Jerome S., et al. Studies in Cognitive Growth. New York: John Wiley & Sons, Inc., 1966.

Carroll, John B. Language and Thought. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.

Chall, Jeanne S. Learning to Read: The Great Debate. New York: McGraw-Hill Book Co., 1967.

Combs, Arthur W., and Donald Snygg. Individual Behavior. Revised edition. New York: Harper & Row Publishers, Inc., 1959.

Cruickshank, W., and D. Hallahan. Perceptual and Learning Disabilities in Children. Syracuse, New York: University Press, 1975.

DeGenaro, Jennie J. "Informal Diagnostic Procedures: 'What Can I Do Before the Psychometrist Arrives?'," Journal of Learning Disabilities, Volume VIII, No. 9 (November, 1975), pp. 24-30.

De Hirsch, Katrina. "Concepts Related to Normal Reading Processes and Their Application to Reading Pathology," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 517-527. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Dunn, L. Exceptional Children in the Schools. New York: Holt, Rinehart & Winston, Inc., 1973.

Ekstein, Rudolf. "The Learning Process: from Learning for Love to Love of Learning," From Learning for Love to Love of Learning, pp. 95-99, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

________. "A Tribute to Anne Sullivan Macy: A Great Teacher of Discipline," Ibid., pp. 132-137.

Fader, Daniel N., and Elton B. McNeil. Hooked on Books: Program and Proof. New York: Berkeley Publishing Corp., Affiliate of G. P. Putnam's Sons, 1968.

Forness, Steven. "Educational Approaches with Hyperactive Children," The Hyperactive Child: Diagnosis, Management, Current Research, pp. 159-172. Edited by Dennis P. Cantwell. New York: Halsted Press, Division of John Wiley & Sons, Inc., 1975. Volume I.

Freud, Anna. "The Relation Between Psychoanalysis and Pedagogy," Conflict in the Classroom: The Education of Emotionally Disturbed Children, pp. 159-163. Edited by Nicholas J. Long, et al. Belmont, California: Wadsworth Publishing Company, Inc., 1971.

Friedman, Robert, Editor. Family Roots of School Learning and Behavior Disorders. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Friedman, Robert, and David Meltzer. "Family Factors in Learning Disability," Ibid., pp. 45-64.

Frostig, Marianne, and Phyllis Maslow. Learning Problems in the Classroom: Prevention and Remediation. New York: Grune & Stratton, Inc., 1973.

Frostig, Marianne, and Russel E. Orpet. "Cognitive Theories and Diagnostic Procedures for Children with Learning Difficulties," *Manual of Child Psychopathology*. Edited by Benjamin B. Wolman. New York: McGraw-Hill Book Co., 1972.

Gibson, James J. *The Perception of the Visual World*. Westport, Connecticut: Greenwood Press, Inc., 1974.

Glasser, William. *Schools Without Failure*. Perennial Library edition. New York: Harper & Row, Publishers, Inc., 1975.

Goins, J. T. *Visual Perceptual Abilities and Early Reading Progress*. Chicago, Illinois: University of Chicago Press.

Goldstein, Kurt. "Functional Disturbances in Brain Damage," *American Handbook of Psychiatry*, pp. 770-794. Edited by Arieti Silvano. New York: Basic Books, Inc., 1959. Volume I.

Gregory, Richard L. *Eye and Brain: The Psychology of Seeing*. Second edition. New York: McGraw-Hill Book Co., 1973.

Hall, Edward T. *The Silent Language*. New York: Doubleday & Co., Inc., 1973.

Heinicke, Christoph M. "Learning Disturbances in Childhood," *Manual of Child Psychopathology*. Edited by Benjamin B. Wolman. New York: McGraw-Hill Book Co., 1972.

Henle, Paul, Editor. *Language, Thought and Culture*. Ann Arbor, Michigan: University of Michigan Press, 1958.

Hewett, Frank M. *The Emotionally Disturbed Child in the Classroom*. Boston: Allyn & Bacon, Inc., 1968.

Hewett, Frank M., and Steven R. Forness. *Education of Exceptional Learners*. Boston: Allyn & Bacon, Inc., 1974.

Hildum, Donald C. *Language and Thought*. New York: Van Nostrand Reinhold Co., Division of Litton Educational Publishing, Inc., 1967.

Hill, John C. "The Unconscious Mind," *Teaching and the Unconscious Mind*, pp. 37-47. New York: International Universities Press, Inc., 1971.

________. "The Unconscious Mind in Teaching," *From Learning for Love [illegible] of Learning*, pp. 76-94, by Rudilf Ekstein and Rocco L. Motto. New [illegible] Brunner/Mazel, Inc., 1969.

Hochberg, Julian. Perception. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.

Holt, John. How Children Learn. New York: Dell Publishing Co., Inc., 1972.

Jackson, Philip W. Life in Classrooms. New York: Holt, Rinehart & Winston, Inc., 1968.

Kubie, Lawrence S. "How Can the Educational Process Become a Behavioral Science?," From Learning for Love to Love of Learning, pp. 245-260, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Mackworth, Jane F. "Some Models of the Reading Process: Learners and Skilled Readers," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 485-516. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Mailey, Bonnie Lee. "School Liaison and Field Services," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 243-252. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Miller, Paul. Sense and Symbol. New York: Harper & Row Publishers, Inc.

Mueller, Conrad G. Sensory Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965.

Myklebust, Helmer R. "Learning Disorders--Psychoneurological Disturbances in Childhood," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 257-269. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Patterson, Gerald R., and M. Elizabeth Gullion. Living with Children: New Methods for Parents and Teachers. Champaign, Illinois: Research Press Co., 1973.

Pearson, Gerald H. J. "A Survey of Learning Difficulties in Children," Psychoanalytic Study of the Child. Volume VII (1952), pp. 322-386.

Piers, Maria W. "Play and Mastery," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 617-624. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Rawson, Margaret B. Developmental Language Disability: Adult Accomplishments of Dyslexic Boys. Baltimore, Maryland: Johns Hopkins Press, 1968.

Redl, Fritz. "Management of Discipline Problems in Normal Students," From Learning for Love to Love of Learning, pp. 138-146, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Rogers, Carl. Freedom to Learn: A View of What Education Might Become. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Rosenthal, Robert, and Lenore Jacobson. Pygmalion in the Classroom: Teacher Expectation and Pupil's Intellectual Development. New York: Holt, Rinehart & Winston, Inc., 1968.

Sapir, Selma G. "Learning Disability and Deficit Centered Classroom Training," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 660-673. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Ann C. Nitzburg, Editors. Children with Learning Problems: Readings in a Developmental-Interaction Approach. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Bernice Wilson. "A Developmental Scale to Assist in the Prevention of Learning Disability," Ibid., pp. 606-612.

Schell, Leo, and Paul Burns, Editors. Remedial Reading. Boston, Massachusetts: Allyn & Bacon, Inc.

Shapiro, Edna, and Barbara Biber. "The Education of Young Children: A Developmental-Interaction Approach," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 682-709. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sheviakov, George V. "Some Reflections on the Problem of Discipline," From Learning for Love to Love of Learning, pp. 152-154, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Silberman, Charles E. Crisis in the Classroom: The Remaking in American Education. New York: Random House, Inc., 1970.

Smith, Robert M. Clinical Teaching: Methods of Instruction for the Retarded. New York: McGraw-Hill Book Co., 1974.

Spencer, Peter. Reading Reading. Claremont, California: College Press.

Spitz, René A. "Fundamental Education: The Coherent Object as a Developmental Model," Play and Development, pp. 43-63. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Vernon, Magdalen D. Experiments in Visual Perception. New York: Penguin Books, Inc.

________. Psychology of Perception. New York: Penguin Books, Inc., 1962.

Vygotsky, Lev S. Thought and Language. Cambridge, Massachusetts: M.I.T. Press, 1962.

Salzer, Stanley, Julius B. Richmond, and Theodore DeBuno. "Epidemiology and Disordered Learning," Advocacy for Child Mental Health, pp. 46-67. Edited by Irving N. Berlin. New York: Brunner/Mazel, Inc., 1975.

Weil, Annemarie P. "Children with Minimal Brain Dysfunction: Diagnostic, Dynamic and Therapeutic Considerations," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 551-568. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Williams, Frank S. "The Family Approach to Psychoeducational Treatment in the Preschool Setting," Family Roots of School Learning and Behavior Disorders, pp. 163-176. Edited by Robert Friedman. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Wolff, Peter H. "Operational Thought and Social Adaptation," Play and Development, pp. 28-42. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Wolman, Benjamin B., Editor. Manual of Child Psychopathology. New York: McGraw-Hill Book Co., 1972.

Wood, Mary Margaret. "Services to Parents," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 253-262. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Wyburn, G. M., et al., Editors. Human Senses and Perception. Buffalo, New York: University of Toronto Press, 1964.

Course Title: LEARNING DISABILITIES II:
MATH PROCEDURES ASSESSMENT AND REMEDIATION -

Special MS

Outline of Course Content:

I. COURSE OBJECTIVES

A. To be able to discern a child's stage of development as a basis for determining the type of math for which he is ready.

B. To be able to provide concrete methods for the teacher in the teaching of mathematics.

C. To be able to understand how children learn math (not how to teach math).

D. To be able to make laboratory materials that can be used as teaching aids.

E. To be able for each student to compile a "Resource Notebook" of practical lesson plans and specific diagnostic techniques that are relevant for the LD child.

F. To be able to be aware of and gain insight from the readings of articles of current literature and research from magazines and research bulletins.

G. To be able to pull together for the student via discussion, sharing of ideas and papers, his prior background, and this present math-related experience.

II. SUMMARY

The student needs to have an opportunity for learning in a sharing and human manner with the course objectives clearly understood and, in a democratic manner, arrive at a weekly agenda. The need to develop professional people to work with children of learning disabilities is one of the teacher's vital concerns. If a teacher can motivate and inspire the students to be eager and learn by the use of the most relevant materials, he/she will have done a small part in the future of a child's life. The course is designed to provide the student one of the most useful experiences in understanding and preparing to teach children mathematics. It will also attempt to take advantage of the student's background in and understanding of the psychological and physical needs of the LD child.

Methods of Evaluation:

1. Reading of adopted text and active participation in weekly lectures or seminar discussions.

2. Development of a "concrete teaching math side" to be shared and discussed with the class.

3. Development of a set of "assignment cards" and either role play with a fellow classmate or bring a child to the class who can participate.

4. Case study, clinical observation, or research paper on a specific area of teaching math to children with the type of learning disabilities that the student is concerned with in teaching. The paper should be five to ten pages in length and have footnotes. The student should be able to support his/her findings. Papers will be read to the class to share ideas and to stimulate learning.

5. Resource notebook: Include notes from discussions and lectures, reports, specific handouts given during the course, practical teaching examples and lesson plans, names and addresses for resources in teaching.

6. Final Examination: Two hours. Some objective questions and some essay; will include a course summary and an evaluation of course objective and teaching realization.

Suggested Texts and Materials:

Copeland, Richard W. How Children Learn Mathematics: Teaching Implications of Piaget's Research. New York: Macmillan Publishing Co., Inc., 1970.

________. Diagnostic and Learning Activities in Mathematics for Children. New York: Macmillan Publishing Co., Inc., 1974.

Donahue, George, and Sol Nichtern. Teaching the Troubled Child. New York: Free Press, Distributed by: Macmillan Co., 1968.

Anthony, E. James. "'It Hurts Me More Than It Hurts You'--An Approach to Discipline as a Two-Way Process," From Learning for Love to Love of Learning, pp. 117-131, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Ashton-Warner, Sylvia. Teacher. New York: Simon & Schuster, Inc., 1971.

Baldwin, A. L. Theories of Child Development. New York: John Wiley & Sons, Inc., 1967.

Bateman, Barbara D. "Educational Implications of Minimal Brain Dysfunction," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 674-681. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

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DeGenaro, Jennie J. "Informal Diagnostic Procedures: 'What Can I Do Before the Psychometrist Arrives?'," *Journal of Learning Disabilities*, Volume VIII, No. 9 (November, 1975), pp. 24-30.

De Hirsch, Katrina. "Concepts Related to Normal Reading Processes and Their Application to Reading Pathology," *Children with Learning Problems: Readings in a Developmental-Interaction Approach*, pp. 517-527. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

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Ekstein, Rudolf. "The Learning Process: from Learning for Love to Love of Learning," *From Learning for Love to Love of Learning*, pp. 95-99, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

________. "A Tribute to Anne Sullivan Macy: A Great Teacher of Discipline," *Ibid.*, pp. 132-137.

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Forness, Steven. "Educational Approaches with Hyperactive Children," *The Hyperactive Child: Diagnosis, Management, Current Research*, pp. 159-172. Edited by Dennis P. Cantwell. New York: Halsted Press, Division of John Wiley & Sons, Inc., 1975. Volume I.

Freud, Anna. "The Relation Between Psychoanalysis and Pedagogy," *Conflict in the Classroom: The Education of Emotionally Disturbed Children*, pp. 159-163. Edited by Nicholas J. Long, *et al*. Belmont, California: Wadsworth Publishing Company, Inc., 1971.

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Friedman, Robert, and David Meltzer. "Family Factors in Learning Disability," *Ibid.*, pp. 45-64.

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Glasser, William. *Schools Without Failure*. Perennial Library edition. New York: Harper & Row, Publishers, Inc., 1975.

Goins, J. T. *Visual Perceptual Abilities and Early Reading Progress*. Chicago, Illinois: University of Chicago Press.

Goldstein, Kurt. "Functional Disturbances in Brain Damage," *American Handbook of Psychiatry*, pp. 770-794. Edited by Arieti Silvano. New York: Basic Books, Inc., 1959. Volume I.

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Henle, Paul, Editor. *Language, Thought and Culture*. Ann Arbor, Michigan: University of Michigan Press, 1958.

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Hewett, Frank M., and Steven R. Forness. *Education of Exceptional Learners*. Boston: Allyn & Bacon, Inc., 1974.

Hildum, Donald C. *Language and Thought*. New York: Van Nostrand Reinhold Co., Division of Litton Educational Publishing, Inc., 1967.

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Holt, John. *How Children Learn*. New York: Dell Publishing Co., Inc., 1972.

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Mailey, Bonnie Lee. "School Liaison and Field Services," *Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children*, pp. 243-252. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Miller, Paul. *Sense and Symbol*. New York: Harper & Row Publishers, Inc.

Mueller, Conrad G. *Sensory Psychology*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965.

Myklebust, Helmer R. "Learning Disorders--Psychoneurological Disturbances in Childhood," *Children with Learning Problems: Readings in a Developmental-Interaction Approach*, pp. 257-269. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Patterson, Gerald R., and M. Elizabeth Gullion. *Living with Children: New Methods for Parents and Teachers*. Champaign, Illinois: Research Press Co., 1973.

Pearson, Gerald H. J. "A Survey of Learning Difficulties in Children," *Psychoanalytic Study of the Child*. Volume VII (1952), pp. 322-386.

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Rosenthal, Robert, and Lenore Jacobson. *Pygmalion in the Classroom: Teacher Expectation and Pupil's Intellectual Development*. New York: Holt, Rinehart & Winston, Inc., 1968.

Sapir, Selma G. "Learning Disability and Deficit Centered Classroom Training," *Children with Learning Problems: Readings in a Developmental-Interaction Approach*, pp. 660-673. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Ann C. Nitzburg, Editors. *Children with Learning Problems: Readings in a Developmental-Interaction Approach*. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Bernice Wilson. "A Developmental Scale to Assist in the Prevention of Learning Disability," *Ibid.*, pp. 606-612.

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Shapiro, Edna, and Barbara Biber. "The Education of Young Children: A Developmental-Interaction Approach," *Children with Learning Problems: Readings in a Developmental-Interaction Approach*, pp. 682-709. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

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Silberman, Charles E. *Crisis in the Classroom: The Remaking in American Education*. New York: Random House, Inc., 1970.

Smith, Robert M. *Clinical Teaching: Methods of Instruction for the Retarded*. New York: McGraw-Hill Book Co., 1974.

Spencer, Peter. *Reading Reading*. Claremont, California: College Press.

Spitz, René A. "Fundamental Education: The Coherent Object as a Developmental Model," *Play and Development*, pp. 43-63. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

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Vygotsky, Lev S. Thought and Language. Cambridge, Massachusetts: M.I.T. Press, 1962.

Salzer, Stanley, Julius B. Richmond, and Theodore DeBuno. "Epidemiology and Disordered Learning," Advocacy for Child Mental Health, pp. 46-67. Edited by Irving N. Berlin. New York: Brunner/Mazel, Inc., 1975.

Weil, Annemarie P. "Children with Minimal Brain Dysfunction: Diagnostic, Dynamic and Therapeutic Considerations," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 551-568. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Williams, Frank S. "The Family Approach to Psychoeducational Treatment in the Preschool Setting," Family Roots of School Learning and Behavior Disorders, pp. 163-176. Edited by Robert Friedman. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Wolff, Peter H. "Operational Thought and Social Adaptation," Play and Development, pp. 28-42. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Wolman, Benjamin B., Editor. Manual of Child Psychopathology. New York: McGraw-Hill Book Co., 1972.

Wood, Mary Margaret. "Services to Parents," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 253-262. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Wyburn, G. M., et al., Editors. Human Senses and Perception. Buffalo, New York: University of Toronto Press, 1964.

Course Title: SELECTED TOPICS:
METHODS OF MULTICULTURAL EDUCATION - Special MS

Outline of Course Content:

I. COURSE OBJECTIVES

A. To develop an understanding of the philosophy of multicultural education.

B. To develop a working knowledge of the different approaches to teaching multiculture in the elementary classroom.

C. To develop an understanding of multiculture educational materials and resources for different grade levels.

D. To acquire skills in developing and implementing workable multicultural curriculum modules.

E. To develop an understanding of techniques and procedures for integrating multiculture into the established curriculum such as reading and science.

F. To develop an understanding of the problems inherent in teaching multicultural education in the classroom curriculum.

II. COURSE CONTENT

A. Philosophical basis for multicultural education.

B. Problems in teaching multiculture in the elementary classroom curriculum.

C. Approaches to multicultural education in the special education classroom.

D. Approaches to multicultural education in the general elementary classroom.

E. Types of multicultural education curricula and strategies of teaching.

F. Teaching multiculture in the reading curriculum.

G. Teaching multiculture in the social studies curriculum.

H. Teaching multiculture in the science and math curriculum.

I. Teaching multiculture as separate modules.

J. Multicultural resources for the elementary classroom.

K. Procedures for integrating living experiences of the community into the classroom curriculum.

L. Techniques for managing cultural misunderstanding and negative attitudes.

Methods of Evaluation:

1. Examination
2. Term paper
3. Journal abstracts

Course Title: SEMINAR:
CHILD DEVELOPMENT TREATMENT AND SERVICES - Special MS

Outline of Course Content:

This seminar exposes students to various treatment programs, methods, and services to children both within and outside of various institutional and clinical settings in California. In addition to a variety of topics, issues, and presenters, students will be able to be involved in an ongoing weekly seminar in child development and family relationships with Itamar Yahalom, Ph.D., in the Tuesday morning lab. This will also alert students to the resources available in the community.

Methods of Evaluation:

Participation and attendance are essential and are the major factors in determining grades. (No more than three absences or grade level is lowered.)

Suggested Speakers' Topics:

1. UCLA Learning Laboratory
2. Child Development
3. Teaching Homes--Parent Education
4. Family Relationships
5. Sand Tray--Jungian Approach
6. Parent-Child Center Program
7. The Chicano Child
8. Identity Formation in the Black Child
9. Zen Buddhism--Self-awareness
10. Civil Rights in a Health Care Facility
11. Psychodrama in Understanding Termination with Children

12. Education for Parenthood
13. What Is a Child Mental Health Specialist?
14. Dance and Music Therapy with Children
15. Developmental Skills Training
16. Play Therapy
17. Panel on Programs for Sexual Deviation Problems--Rights of Gay Minors
18. Infant Stimulation I
19. Infant Stimulation II
20. Family Therapy
21. Parent Effectiveness Training
22. Art as Expression for Children
23. Conjoint Family Therapy

Course Title: SEMINAR: PUBLIC ADMINISTRATION - Special MS

Outline of Course Content:

I. PUBLIC MANAGEMENT/ADMINISTRATION
   A. Theory
   B. Practical Exposure
   C. Organization Structure
   D. Emphasis in Education and Human Services Fields
   E. Executive Board Relationship
   F. Staff Development/Motivation

II. GRANTSMANSHIP
   A. Awareness of Various Grant Proposal Formats
   B. New Federation Plan
   C. Proposal Writing
   D. Funding Source in Clinical Setting

III. SUPERVISION
   A. Theory
   B. Practical Exposure
   C. Self-evaluation
   D. Use of Volunteers

IV. POLICY FORMATION/ANALYSIS
   A. Awareness of Various Policy Issues and Measures
   B. Decision-making Process

V. JOB PREPARATION/RESUME

Objectives/Skills Anticipated:

1. Self-evaluation, insight into style in above areas as potential supervisor, administrator grantsman, job hunter.

2. Ability to recognize proposals, grant terminology, and skill in preparation process.

3. Ability to apply theory to practice through clinical exposure and class-structured experiences.

4. To become familiar with a broad array of management concepts, issues, and tasks.

Methods of Evaluation

1. Test on grantsmanship terms. Some of the material will be covered in class, but the best preparation will be through individual study. This examination will include essay discussion of difference between grants, contracts, fellowships, and scholarships. It is suggested that the Grants text will provide assistance in preparation.

2. Preparation of a grant proposal. Each student, individually, or with one or two other student [illegible] expected to complete a grant proposal in the area of his or her choice. Th[illegible]y be related to clinical setting needs, student's own area of interest, or a "mock" proposal not intended to be submitted. It is suggested that students work in groups due to the course time limitation. Guidelines need to be followed of a given funding source whether federal or private foundation.

3. Preparation of two-part organizational assignment:

    a. Organizational flowchart (matrix) of the clinical agency. Example to be given in class.

    b. The agency's stated purpose outlined as follows:

        I. PURPOSE

            A. Problems dealt with by the program (list).

            B. Stated objectives of the program and the benefits which should result from its operation.

Objectives	Benefits
(List)	(List)

    c. Why these results can be achieved (list rationale of agency).

    d. Student's observation or evaluation of actual process of meeting stated objectives in terms of noted strengths and weaknesses (statement form).

4. Personal resumé (vitae). Formats to be presented in class.

5. Participation and attendance is necessary if the material is to be covered in this short time span. Missing one or more class sessions will result in automatic drop

one grade level on final grade. Class involvement is encouraged. Some morning classes are not mandatory but will provide the student with time to work on written assignments.

Suggested Texts and Materials:

Mosky, C. Donald, and Paul H. Pietri. Management: The Art of Working With and Through People. Encino, California: Dickenson Publishing Co., 1975.

Peter, Laurence J., and Raymond Hull. Peter Principle: Why Things Always Go Wrong. New York: William Morrow and Co., Inc., 1969.

White, Virginia P. Grants: How to Find Out About Them & What to Do Next. New York: Plenum Publishing Corp., 1975.

Other Resources:

Beckhard, Richard. Organization Development--Strategies and Models. Organization Development Series. Edited by Edgar Schein, et al. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Benedetti, Eugene. California School Law. Monterey Park, California: Bonanza Publishers, 1975.

Bennis, Warren G. Organization Development: Its Nature, Origins and Prospects. Organization Development Series. Edited by Edgar Schein, et al. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Blake, Robert R., and Jane S. Mouton. Building a Dynamic Corporation Through Grid Organization Development. Organization Development Series. Edited by Edgar Schein, et al. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Castetter, W. B. Personnel Function in Educational Administration. New York: Macmillan Publishing Co., Inc., 1971.

Fulton, Lynn F., et al. Grantwriting Guide for Social Workers. Ann Arbor, Michigan: Campus Publishers, 1972.

Galbraith, Jay. Designing Complex Organizations. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1973.

Other Resources (Continued):

Jay, Anthony. Corporation Man. New York: Pocket Books, Inc., Division of Simon & Schuster, Inc., 1973.

________. Management & Machiavelli. New York: Bantam Books, Inc., 1974.

Jennings, Eugene E. Executive in Crisis. New York: McGraw-Hill Book Co., 1972.

Joyce, R. D. Encounters in Organizational Behavior: Problem Situations. Elmsford, New York: Pergamon Press, Inc., 1972.

Kimbrough, R. B. Administering Elementary Schools. New York: Macmillan Publishing Co., Inc., 1968.

Lawrence, Paul R., and Jay W. Lorsch. Developing Organizations: Diagnosis and Action. Organization Development Series. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Leavitt, Harold J. Managerial Psychology. Third edition. Chicago, Illinois: University of Chicago Press, 1972.

Ludlow, Robert, and Richard Malott. Behavioral Analysis in Business and Industry: A Total Performance System. Kalamazoo, Michigan: Behaviordelia, Inc., 1972.

Milstein, Mike, and James A. Belasco, Editors. Educational Administration and the Behavioral Sciences: A Systems Perspective. Boston, Massachusetts: Allyn & Bacon, Inc., 1973.

Miner, John B. The Challenge of Managing. Philadelphia, Pennsylvania: W. B. Saunders Co., 1975.

Peter, Laurence J. The Peter Prescription. New York: William Morrow and Co., Inc., 1974.

Roeber, Richard J. The Organization in a Changing Environment. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1973.

Rogers, Rolf E. Organizational Theory. Boston, Massachusetts: Allyn & Bacon, Inc., 1975.

Schein, Edgar H. Process Consultation: Its Role in Organization Development. Organization Development Series. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Other Resources (Continued):

Steele, Fred I. Physical Settings & Organization Development. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1973.

Walton, Richard E. Interpersonal Peacemaking: Confrontations & Third Party Consultation. Organization Development Series. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Course Title: SEMINAR: DIAGNOSTIC TESTING - Special MS

Outline of Course Content:

I. INTRODUCTION TO TESTING

A. Justification for, Interpretations of, Dangers of, Alternatives to
B. Kinds of Tests
  1. Intelligence tests
  2. Sensory discrimination tests
  3. Motor tests
  4. Personality tests
  5. Achievement tests
  6. Aptitude tests
C. Testing Formats
  1. Group vs. individual
  2. Written vs. oral
  3. Straightforward vs. disguised purpose
D. Testing Techniques and Procedures
  1. Establish rapport
  2. Control all extraneous stimuli
  3. Reinforce for performance but not for correct response
  4. Watch feedback to subject
E. Important Terms in Testing
  1. Norms
  2. Standardization
  3. Standard deviation
  4. IQ
  5. Percentile
  6. Reliability
  7. Error of measurement
  8. Content validity
  9. Face validity
  10. Criterion-related validity
  11. Construct validity

II. INTELLIGENCE TESTS

A. History
B. Discussion and Demonstration of the WISC, Including Profile Analysis
C. Discussion and Demonstration of the Leiter, the Stanford-Binet, and the Goodenough Draw a Man Test

D. Criticism and Comparison of the IQ Tests Discussed; Situations which Indicate the Use of a Particular Test

III. PSYCHOLOGICAL TESTS--GUEST LECTURER

A. Overview of Psychological Testing
B. Test Demonstrations and Examples from Case Histories
C. Sentence Completion, Bender-Gestalt, TAT, MMPI, Projective Drawing, WISC, and Rorschach

IV. LANGUAGE TESTS

A. Discussion of the ITPA-Theoretical Model and Demonstration of the Test
B. Peabody Picture Vocabulary Test--Demonstration and Interpretation

V. PERCEPTUAL TESTS

A. Discussion of Perception
B. Presentation of the Frostig Developmental Test of Visual Perception; Skills Tested and Their Behavioral Correlates
C. Discussion of Auditory Perceptual Tests

VI. ACADEMIC TESTS

A. General Tests
   1. WRAT
   2. CTBS
   3. PIAT
B. Reading Tests
   1. Spache
   2. Gilmore Oral
   3. Loyola
   4. Silveroli
   5. Dolch Basic Sign Word Tests
   6. Gates-MacGinitie Reading Readiness Test
C. Math Diagnostic Tests
   1. Key Math and informal procedures
D. Other Tests Used by Classroom Teachers
   1. Valett and Frostig Movement Skills Test

VII. REMEDIATION

A. Teacher-made Materials

B. Commercially Produced Materials

C. Use of Remediation Materials in Individual Educational Therapy and in the Classroom

Methods of Evaluation:

Student grades are based on:

1. Attendance.
2. Administration and scoring of the following tests:
   a. WISC
   b. IPTA
   c. Frostig
   d. PPVT
   e. PIAT
   f. WRAT
   g. CTBS
   h. Spache
   i. Other tests (optional)
3. Midterm quiz.
4. Written and oral presentation of an original diagnostic instrument.
5. Final Project:

   Administer a complete battery of tests to a child. The complete write-up (5-15 pages) should include important historical information, observations made during testing, an explanation and interpretation of the tests results, and specific recommendations for remedial treatment.

Suggested Texts and Materials:

This course uses a battery of tests and test manuals. No one text is recommended.

CATTELL INFANT INTELLIGENCE SCALE:

Cattell, Psyche. *Measurement of Intelligence of Infants and Young Children*. New York: Johnson Reprint Corp, Subsidiary of Harcourt, Brace & Jovanovich, Inc., 1960.

COLUMBIA MENTAL MATURITY SCALE:

Columbia Mental Maturity Scale. 1972 Edition. New York: Harcourt, Brace & Jovanovich, Inc., 1972.

WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE:

Wechsler, David. *Wechsler Preschool and Primary Scale of Intelligence*. New York: Psychological Corporation, 1963.

WECHSLER INTELLIGENCE SCALE FOR CHILDREN:

Wechsler, David. *Wechsler Intelligence Scale for Children*. (Revised edition, WISC-R, 1974.) New York: Psychological Corporation, 1949.

VINELAND SOCIAL MATURITY SCALE:

Doll, Edgar A. *Vineland Social Maturity Scale: Manual for Directions*. Revised edition. Circle Pines, Minnesota: American Guidance Service, Inc., 1965.

________. *The Measurement of Social Competence*. Circle Pines, Minnesota: American Guidance Service, Inc., 1953.

STANFORD-BINET INTELLIGENCE TEST, FORM L-M:

Kennedy, W., V. Van De Reit, and J. White. "A Normative Sample of Intelligence and Achievement of Negro Elementary School Children in the Southeastern United States," *Monographs, Society for Research in Child Development*. Volume XXVIII, No. 6 (1963).

Pinneau, Samuel R. Changes in Intelligence Quotient: Infancy to Maturity. Boston, Massachusetts: Houghton Miffin Co., 1961.

Terman, L. M., and M. A. Merrill. Stanford-Binet Intelligence Scale: Manual for the Third Revision, Form L-M. Boston, Massachusetts: Houghton Miffin Co., 1973.

Thorndike, R. Norms, Tables or Part Four of the Manual for the Third Revision. Boston, Massachusetts: Houghton Miffin Co., 1973.

PEABODY PICTURE VOCABULARY TEST:

Dunn, Lloyd M. Peabody Picture Vocabulary Test. Circle Pines, Minnesota: American Guidance Service, Inc., 1965.

MOONEY PROBLEM CHECK TEST:

Mooney, R. L., and L. V. Gordon. Mooney Problem Check Test. 1950 Revision. New York: Psychological Corporation, 1950.

MERRILL-PALMER SCALE OF MENTAL TESTS:

Merrill-Palmer Scale of Mental Tests. Chicago, Illinois: C. H. Stoelting Company.

Stutsman, R. Mental Measurement of Preschool Children. Yonkers, New York: World Book Company, 1931.

LINCOLN-OSERETSKY MOTOR DEVELOPMENT SCALE:

Sloan, William. "The Lincoln-Oseretsky Motor Development Scale," Genetic Psychology Monograph. Volume 51 (1955), pp. 183-252.

LEITER INTERNATIONAL PERFORMANCE SCALE:

Leiter International Performance Scale. 1948 Revision. Chicago, Illinois: C. H. Stoelting Company, 1948.

Arthur, G. The Arthur Adaptation of the Leiter International Performance Scale. Washington, D.C.: Psychological Services Center Press, 1952.

Leiter, R. G. Part II of the Manual for the 1948 Revision of the Leiter International Performance Scale, Psychological Service Center Journal. Volume II (1950), pp. 259-343.

ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITIES (ITPA):

Kirk, Samuel A., James G. McCarthy, and Winfred D. Kirk. Illinois Test of Psycholinguistic Abilities. Revised edition. Urbana, Illinois: University of Illinois Press, 1968.

Osgood, C. E. "Motivational Dynamics of Language Behavior," Nebraska Symposium on Motivation. Lincoln, Nebraska: University of Nebraska Press, 1957.

FAMILY RELATIONS TEST: AN OBJECTIVE TECHNIQUE FOR EXPLORING EMOTIONAL ATTITUDES IN CHILDREN: (Devised in England.)

Anthony, J., and E. Bene. "A Technique for the Objective Assessment of the Child's Family Relationships," Journal of Mental Science. Volume 103 (1957), pp. 541-555.

DRAW-A-MAN SCALE ON HUMAN FIGURE DRAWINGS:

Harris, Dale B. Children's Drawings As Measures of Intellectual Maturity: A Revision of the Goodenough Draw-A-Man Test. New York: Harcourt Brace Jovanovich, Inc., 1963.

Koppitz, Elizabeth M. Psychological Evaluation of Children's Human Figure Drawings. New York: Grune and Stratton, 1967.

Course Title: ORGANIC AND CULTURAL BASIS FOR SEVERELY HANDICAPPED - Special MS

Outline of Course Content:

I. DISCUSS VARIOUS THEORIES OF INTELLIGENCE;
DEFINITIONS AND STATUS OF THE FIELD OF MENTAL RETARDATION;
ETIOLOGY AND SYNDROMES

A. Genetic Factors in the Development of the Mentally Retarded
B. Genetic Syndromes in Mental Retardation

II. ETIOLOGY AND SYNDROMES

A. The Physical Environment as a Factor in Mental Retardation
B. Syndromes Resulting from Damage by the Physical Environment
C. The Psychological Environment as a Factor in Mental Retardation

III. SYMPTOM GROUPING AMONG RETARDED CHILDREN

A. Cultural-Familial, Emotional Disturbance and Brain Injury

IV. BEHAVIORAL AND LEARNING CHARACTERISTICS OF THE MENTALLY RETARDED CHILD

A. Physical, Emotional, Social, Intellectual Characteristics
B. Self-control, Anxiety, Attitudes Toward Learning, Self-concept, etc.

V. THEORETICAL APPROACH TO MENTAL RETARDATION

A. Freud, Goldstein, Piaget, Kephart, etc.

VI. TESTING, THEORY AND PRACTICE

A. Standardized Tests, Intelligence, Developmental, Achievement, etc.
B. Mental Age and IQ

VII. EDUCATION AND SPECIAL PROBLEMS

A. Special Education and Training of the Retarded Child
B. Behavior Modification, Psychotherapy, Play Therapy, etc.
C. Special Problems Faced by the Family, Retarded Individuals, School, and Community

Methods of Evaluation:

1. Two reports

    a. Describe one cause of a developmental disability, how it manifests itself in the child, and the prognosis for the child in terms of education, social, and emotional potential, and the world of work.

    b. A description of experience the student has had in his/her work with, or association with, the retarded.

2. Examinations

Course Title: DIAGNOSTIC AND PRESCRIPTIVE TEACHING OF READING - Special MS

Outline of Course Content:

DESCRIPTION:

To give teachers the skills necessary for planning a diagnostic-prescriptive reading program for all students in a normal classroom.

I. THE READING PROCESS

   A. Recognition
   B. Comprehension

II. LANGUAGE AND THOUGHT (SYMBOL FORMATION AND CONCEPT FORMATION)

   A. Importance of Language
   B. Theories of Symbol Formation
   C. Relationship to Cognition
   D. Theories of Learning Development

III. SENSORY MECHANISM

   A. Brain
   B. Vision
   C. Hearing

IV. PERCEPTION

   A. Definitions and Interdependence with Other Functions
   B. Relationship to Reading

V. EGO DEVELOPMENT

   A. Relationship to Reading

VI. APPROACHES TO BEGINNING READING

   A. Phonemic
   B. Linguistic
   C. Language-Acts

D. Language-Experience
E. Sound-Symbol
F. Individualized
G. Early Reading
H. Perceptual-Discrimination

VII. OBJECTIVES

A. The Abilities to Carry Out a Prescriptive Program which Meets the Needs of All Pupils
B. Skills in the Administration of Several Screening Tests and Inventories
    1. Classroom Reading Inventory
    2. The Botel Reading Inventory
    3. Frostig Test
C. An Understanding of the Role of Perceptual Processes as Applied to Reading
D. The Abilities to Plan Realistic Objectives which Meet the Needs of All Pupils

VIII. PROCEDURES

A. Lecture: Presentation of Background Material
B. Demonstration of Test Administration
C. Practice in Administration of Screening and Inventory Tests
D. Discussion of Problems Involved
E. Display and Explanation of Methods
F. Reading Systems: The Writing Road to Reading, Distar, S.R.A., Lippencott, Montessori, Individualized Reading, Frostig, Michigan Language Program, Phonovisual, Sullivan, Reading with Phonics, Basic Reading, Carden Method and Words in Color

Methods of Evaluation:

1. Oral reports

2. Class discussion

3. Participation in assigned projects

4. Case study

Course Title: LEARNING DISABILITIES III:
MOTOR-PERCEPTUAL PROCEDURES - Special MS

Outline of Course Content:

COURSE OBJECTIVES:

To acquaint the students with developmental literature, assessment techniques, and remediation procedures in motoric and perceptual functioning in working with the exceptional child.

Methods of Evaluation:

1. Weekly Quiz

2. Project

   Design a motor-perceptual court. Bare minimum:

   a. 2-D plot of total court. Dimensions: 50' X 100'
   b. Four original designs for equipment. (The rest of the equipment may be "standard.")
   c. For the four: Include measurement, material, construction.
   d. List of each piece of equipment, to include:
      (1) purpose of movement, and
      (2) directions for use.

3. Field Trip to VCAR

   Two days: 50 points total.
   Two Barsch lectures: 50 points total.
   Two additional lectures: 50 points total.

4. Final Examination

   One purpose of this examination is to give the student an opportunity to integrate all he or she knows about assessment. The student may use any tests available--not only the ones discussed in this class, but those which he/she had in Diagnostic Testing, Reading, etc. A second purpose is to have the student attempt to localize anatomical areas of suspicion which correlate with any syndromes he/she finds in the child.

a. Assessment

(1) Reflexes
(see videotape, handouts, use texts: Ayres or Fiorentine, etc.)
(2) Gross motor
(remember generalizations, A&P, Purdue, etc.)
(3) Fine motor
(4) Ocular control
(5) Tactile-kinesthetic
(6) Vestibular-equilibrium
(7) Intra- and intermodal transfer
(V-V, A-V, T-K-V, T-K-A)
(8) Auditory
Discrimination: gross sounds, speech sounds, words sequencing, blending, closure
(9) Visual
Discrimination: shape, color, letters, words sequencing, memory, Frostig, ITPA
(10) Conceptualization
Sort, match to sample, same-different, conservation
(11) Body image
(12) Spatial relations--Frostig
(13) Body in space
(14) Reproduction graphics: lines, forms, letters, words
(15) Dominance: laterality, directionality, bilaterality
(16) Attention

b. Write up results

(1) Introductory material on child's background
(2) Areas of strengths and weaknesses
(3) Relationship of child to age norms

c. Include in write-up

(1) Plans for program for child and predictions
(2) Include the anatomical sites involved in the child's profile and reason for saying this, i.e., strong and weak areas and some statement as to hemispheric functioning

Note: The student should remember to break problem areas into components to parcel out the trouble (e.g., stimulus, response, and direction components; modalities very important).

Suggested Texts and Materials:

Ayres, A. Jean. Sensory Integration and Learning Disorders. Los Angeles, California: Western Psychological Services, 1972.

Barsch, Ray H. Achieving Perceptual-Motor Efficiency. Perceptual Motor Curriculum, Volume I. Seattle, Washington: Special Child Publications, 1967.

Supplementary Readings:

Arena, John I., Editor. Teaching Through Sensory-Motor Experiences. San Rafael, California: Academic Therapy Publications, 1969.

Barsch, Ray H. Enriching Perception and Cognition. Perceptual Motor Curriculum Series: Volume II. Seattle, Washington: Special Child Publications, 1969.

Kephart, Newell. Slow Learner in the Classroom. Second edition. Columbus, Ohio: Charles E. Merrill Publishing Co., Division of Bell and Howell Company, 1971.

Anthony, E. James. "'It Hurts Me More Than It Hurts You'--An Approach to Discipline as a Two-Way Process," From Learning for Love to Love of Learning, pp. 117-131, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Ashton-Warner, Sylvia. Teacher. New York: Simon & Schuster, Inc., 1971.

Baldwin, A. L. Theories of Child Development. New York: John Wiley & Sons, Inc., 1967.

Bateman, Barbara D. "Educational Implications of Minimal Brain Dysfunction," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 674-681. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Bender, Lauretta. "Problems in Conceptualization and Communication in Children with Developmental Alexia," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 528-548. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Berkowitz, Morton I. A Primer on School Mental Health Consultation. Springfield, Illinois: Charles C. Thomas, Publisher, 1975.

Bettelheim, Bruno. Love Is Not Enough. New York: Free Press, Distributed by: Macmillan Co., 1950.

________. "The Education of Emotionally and Culturally Deprived Children," From Learning for Love to Love of Learning, pp. 235-244, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Bower, Eli M. Early Identification of Emotionally Handicapped Children in School. Springfield, Illinois: Charles C. Thomas, Publisher, 1960.

Bruner, Jerome S., et al. Studies in Cognitive Growth. New York: John Wiley & Sons, Inc., 1966.

Carroll, John B. Language and Thought. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.

Chall, Jeanne S. Learning to Read: The Great Debate. New York: McGraw-Hill Book Co., 1967.

Combs, Arthur W., and Donald Snygg. Individual Behavior. Revised edition. New York: Harper & Row Publishers, Inc., 1959.

Cruickshank, W., and D. Hallahan. Perceptual and Learning Disabilities in Children. Syracuse, New York: University Press, 1975.

DeGenaro, Jennie J. "Informal Diagnostic Procedures: 'What Can I Do Before the Psychometrist Arrives?'," Journal of Learning Disabilities, Volume VIII, No. 9 (November, 1975), pp. 24-30.

De Hirsch, Katrina. "Concepts Related to Normal Reading Processes and Their Application to Reading Pathology," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 517-527. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Dunn, L. Exceptional Children in the Schools. New York: Holt, Rinehart & Winston, Inc., 1973.

Ekstein, Rudolf. "The Learning Process: from Learning for Love to Love of Learning," From Learning for Love to Love of Learning, pp. 95-99, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

________. "A Tribute to Anne Sullivan Macy: A Great Teacher of Discipline," Ibid., pp. 132-137.

Fader, Daniel N., and Elton B. McNeil. Hooked on Books: Program and Proof. New York: Berkeley Publishing Corp., Affiliate of G. P. Putnam's Sons, 1968.

Forness, Steven. "Educational Approaches with Hyperactive Children," The Hyperactive Child: Diagnosis, Management, Current Research, pp. 159-172. Edited by Dennis P. Cantwell. New York: Halsted Press, Division of John Wiley & Sons, Inc., 1975. Volume I.

Freud, Anna. "The Relation Between Psychoanalysis and Pedagogy," Conflict in the Classroom: The Education of Emotionally Disturbed Children, pp. 159-163. Edited by Nicholas J. Long, et al. Belmont, California: Wadsworth Publishing Company, Inc., 1971.

Friedman, Robert, Editor. Family Roots of School Learning and Behavior Disorders. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Friedman, Robert, and David Meltzer. "Family Factors in Learning Disability," Ibid., pp. 45-64.

Frostig, Marianne, and Phyllis Maslow. Learning Problems in the Classroom: Prevention and Remediation. New York: Grune & Stratton, Inc., 1973.

Frostig, Marianne, and Russel E. Orpet. "Cognitive Theories and Diagnostic Procedures for Children with Learning Difficulties," Manual of Child Psychopathology. Edited by Benjamin B. Wolman. New York: McGraw-Hill Book Co., 1972.

Gibson, James J. The Perception of the Visual World. Westport, Connecticut: Greenwood Press, Inc., 1974.

Glasser, William. Schools Without Failure. Perennial Library edition. New York: Harper & Row, Publishers, Inc., 1975.

Goins, J. T. Visual Perceptual Abilities and Early Reading Progress. Chicago, Illinois: University of Chicago Press.

Goldstein, Kurt. "Functional Disturbances in Brain Damage," American Handbook of Psychiatry, pp. 770-794. Edited by Arieti Silvano. New York: Basic Books, Inc., 1959. Volume I.

Gregory, Richard L. Eye and Brain: The Psychology of Seeing. Second edition. New York: McGraw-Hill Book Co., 1973.

Hall, Edward T. The Silent Language. New York: Doubleday & Co., Inc., 1973.

Heinicke, Christoph M. "Learning Disturbances in Childhood," Manual of Child Psychopathology. Edited by Benjamin B. Wolman. New York: McGraw-Hill Book Co., 1972.

Henle, Paul, Editor. Language, Thought and Culture. Ann Arbor, Michigan: University of Michigan Press, 1958.

Hewett, Frank M. The Emotionally Disturbed Child in the Classroom. Boston: Allyn & Bacon, Inc., 1968.

Hewett, Frank M., and Steven R. Forness. Education of Exceptional Learners. Boston: Allyn & Bacon, Inc., 1974.

Hildum, Donald C. Language and Thought. New York: Van Nostrand Reinhold Co., Division of Litton Educational Publishing, Inc., 1967.

Hill, John C. "The Unconscious Mind," Teaching and the Unconscious Mind, pp. 37-47. New York: International Universities Press, Inc., 1971.

________. "The Unconscious Mind in Teaching," From Learning for Love to Love of Learning, pp. 76-94, by Rudilf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Hochberg, Julian. Perception. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.

Holt, John. How Children Learn. New York: Dell Publishing Co., Inc., 1972.

Jackson, Philip W. Life in Classrooms. New York: Holt, Rinehart & Winston, Inc., 1968.

Kubie, Lawrence S. "How Can the Educational Process Become a Behavioral Science?." From Learning for Love to Love of Learning, pp. 245-260, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Mackworth, Jane F. "Some Models of the Reading Process: Learners and Skilled Readers," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 485-516. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Mailey, Bonnie Lee. "School Liaison and Field Services," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 243-252. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Miller, Paul. Sense and Symbol. New York: Harper & Row Publishers, Inc.

Mueller, Conrad G. Sensory Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965.

Myklebust, Helmer R. "Learning Disorders--Psychoneurological Disturbances in Childhood," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 257-269. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Patterson, Gerald R., and M. Elizabeth Gullion. Living with Children: New Methods for Parents and Teachers. Champaign, Illinois: Research Press Co., 1973.

Pearson, Gerald H. J. "A Survey of Learning Difficulties in Children," Psychoanalytic Study of the Child. Volume VII (1952), pp. 322-386.

Piers, Maria W. "Play and Mastery," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 617-624. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Rawson, Margaret B. Developmental Language Disability: Adult Accomplishments of Dyslexic Boys. Baltimore, Maryland: Johns Hopkins Press, 1968.

Redl, Fritz. "Management of Discipline Problems in Normal Students," From Learning for Love to Love of Learning, pp. 138-146, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Rogers, Carl. Freedom to Learn: A View of What Education Might Become. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Rosenthal, Robert, and Lenore Jacobson. Pygmalion in the Classroom: Teacher Expectation and Pupil's Intellectual Development. New York: Holt, Rinehart & Winston, Inc., 1968.

Sapir, Selma G. "Learning Disability and Deficit Centered Classroom Training," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 660-673. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Ann C. Nitzburg, Editors. Children with Learning Problems: Readings in a Developmental-Interaction Approach. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Bernice Wilson. "A Developmental Scale to Assist in the Prevention of Learning Disability," Ibid., pp. 606-612.

Schell, Leo, and Paul Burns, Editors. Remedial Reading. Boston, Massachusetts: Allyn & Bacon, Inc.

Shapiro, Edna, and Barbara Biber. "The Education of Young Children: A Developmental-Interaction Approach," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 682-709. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sheviakov, George V. "Some Reflections on the Problem of Discipline," From Learning for Love to Love of Learning, pp. 152-154, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Silberman, Charles E. Crisis in the Classroom: The Remaking in American Education. New York: Random House, Inc., 1970.

Smith, Robert M. Clinical Teaching: Methods of Instruction for the Retarded. New York: McGraw-Hill Book Co., 1974.

Spencer, Peter. Reading Reading. Claremont, California: College Press.

Spitz, René A. "Fundamental Education: The Coherent Object as a Developmental Model," Play and Development, pp. 43-63. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Vernon, Magdalen D. Experiments in Visual Perception. New York: Penguin Books, Inc.

________. Psychology of Perception. New York: Penguin Books, Inc., 1962.

Vygotsky, Lev S. Thought and Language. Cambridge, Massachusetts: M.I.T. Press, 1962.

Salzer, Stanley, Julius B. Richmond, and Theodore DeBuno. "Epidemiology and Disordered Learning," Advocacy for Child Mental Health, pp. 46-67. Edited by Irving N. Berlin. New York: Brunner/Mazel, Inc., 1975.

Weil, Annemarie P. "Children with Minimal Brain Dysfunction: Diagnostic, Dynamic and Therapeutic Considerations," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 551-568. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Williams, Frank S. "The Family Approach to Psychoeducational Treatment in the Preschool Setting," Family Roots of School Learning and Behavior Disorders, pp. 163-176. Edited by Robert Friedman. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Wolff, Peter H. "Operational Thought and Social Adaptation," Play and Development, pp. 28-42. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Wolman, Benjamin B., Editor. Manual of Child Psychopathology. New York: McGraw-Hill Book Co., 1972.

Wood, Mary Margaret. "Services to Parents," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 253-262. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Wyburn, G. M., et al., Editors. Human Senses and Perception. Buffalo, New York: University of Toronto Press, 1964.

Course Title: **LEARNING CHARACTERISTICS**
OF THE DEVELOPMENTALLY DISABLED - Special MS

Outline of Course Content:

I. DESCRIPTION

Standardized materials used with exceptional children at the pre-academic and prevocational levels; developmental sequence in both skills and tasks; identification of the different modalities used in learning and their relationships to the deficits of children with learning disabilities; basic teaching skills such as shaping, fading, and reinforcement techniques are examined.

II. CLINICAL EXPECTATIONS

A. Acquaint the student with materials and techniques to work with the learning disabled and emotionally disturbed child and adolescent;
B. To facilitate the construction of materials for specific learning problems and to implement their usage.

III. TOPICS FOR LECTURE AND DISCUSSION

A. Areas of Learning
B. Modal Learning
C. Basic Skills
D. Shaping-Fading-Reinforcement
E. Discrimination Tasks
F. Labeling
G. Gross Motor
H. Fine Motor
I. Visual
J. Auditory
K. Conservation
L. Original Materials

Methods of Evaluation:

1.	Weekly quiz -	100 points
2.	Construction of one learning disability material -	100 points
3.	Class presentation -	120 points

Suggested Texts and Materials:

Barsch, Ray H. Achieving Perceptual Motor Efficiency. (Perceptual Motor Curriculum, Volume I.) Seattle, Washington: Special Child Publications, 1967.

________. Enriching Perception and Cognition. (Perceptual Motor Curriculum Series, Volume II.) Seattle, Washington: Special Child Publications, 1969.

Cruickshank, William M. Psychology of Exceptional Children and Youth. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1955.

Darling, Frederick. Brain Mechanisms Underlying Speech and Language. New York: Grune and Stratton, 1967.

Early, George. Perceptual Training in the Curriculum. Columbus, Ohio: Charles E. Merrill Publishing Company, 1969.

Frostig Program for the Development of Visual Perception, Teachers Manual. Chicago: Follette Educational Corporation, 1964.

Johnson, Doris J., and Helmer R. Myklebust. Learning Disabilities: Educational Principles and Practices. New York: Grune and Stratton, 1967.

Long and Newman. The Teachers' Handling of Children in Conflict. Bulletin of the School of Education, Indiana University. Bloomington, Indiana: Division of Research and Field Services, Indiana University, July, 1961.

Orem, R. Calvert, Editor. Montessori and the Special Child. New York: G. P. Putnam's Sons, 1969.

Piaget, Jean. The Mechanisms of Perception. New York: Basic Books, Inc., 1969.

Valett, Robert E. Remediation of Learning Disabilities: A Handbook of Psychoeducational Resource Programs. Belmont, California: Fearon Publishers, Inc., 1974.

Van Riper, Charles. Speech Correction: Principles and Methods. Fifth edition. Englewood Cliffs, New Jersey, 1972.

Van Riper, Charles, and Katherine Butler. Speech in the Elementary Classroom. New York: Harper and Row Publishers, Inc., 1955.

Wyatt, Gertrude. Language Learning and Communication Disorders in Children. New York: Free Press, Distributed by: Macmillan Company, 1969.

Suggested Journals:

American Journal of Mental Deficiency

American Association of Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Academic Therapy, an Interdisciplinary Journal

P.O. Box 899
1539 Fourth Street
San Rafael, California 94901

Exceptional Children, Official Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

International Journal of Child Psychiatry & Human Development

Behavioral Publications, Inc.
72 Fifth Avenue
New York, New York 10011

International Journal of Mental Health

International Arts & Sciences Press, Inc.
901 North Broadway
White Plains, New York 10603

Mental Retardation

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Suggested Journals: (continued)

Teaching Exceptional Children, A Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

THE NORBERT I RIEGER CHILDREN'S TREATMENT CENTER
CAMARILLO, CALIFORNIA

CURRICULUM

MASTER OF SCIENCE DEGREE

in

EDUCATION

with emphasis in the field of

SPECIAL EDUCATION

MASTER OF SCIENCE CURRICULUM

The Masters Curriculum, a two-year Master of Science Degree in Education with the field of emphasis in Special Education, is designed for college graduates with a major in any of the academic areas but who, during the screening process, show potential promise for a successful career as Child Mental Health Specialists. Upon completion of the described curriculum, which includes two student teaching semesters (EH and normal) and four clinical semesters (twenty hours per week) for the Credentialed Masters students, or six clinical semesters (twenty hours per week) for the Clinical Masters students, are qualified for the following:

1. Master of Science Degree in Education with the field of emphasis in Special Education
2. Masters Level Child Mental Health Specialist Certificate
3. California State Teaching Credentials for qualifying students:
    a. Normal Elementary - K-12th Grades
    b. Special Education Specialist - K-12th Grades
        (1) Learning Handicapped
        (2) Severely Handicapped

MASTER OF SCIENCE -- EDUCATION

CURRICULUM

The following classes are a requirement of most Education Departments and/or teaching credential standards; therefore, a course outline is not included here:

Management of Learning Laboratory

Statistics

Philosophers on Education

(or)

History of Education

Psychology of Learning

Methods of Research

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

MASTER OF SCIENCE CURRICULUM

FIRST YEAR: *Options

Fall Classes:		Units
Educ. 512A	Child Growth and Development	3
Educ. 514	Learning Disabilities I: Reading Procedures Assessment and Remediation	3
Educ. 517	Learning Disabilities II: Math Procedures Assessment and Remediation	3
Psych. 580	Selected Topics: Methods of Multicultural Education	3
Educ. 594A	Field Study: Special Education	(1-3)
*Psych. 595	Seminar: Child Development Treatment and Services	(1)
		13 + (1-4)

Interim:		
Educ. 595	Seminar: Diagnostic Testing	4

Spring Classes:		
Educ. 562	Language and Speech Development and Disorders	3
Educ. 595	Multiple Handicapped, Emotionally Disturbed, and Autistic (Behavior Modification)	3
Educ. 564	Organic and Cultural Basis for Severely Handicapped	3
Educ. 530A	Diagnostic and Prescriptive Teaching of Reading	3
Educ. 594B	Field Study	(1-3)
		12 + (1-3)

Summer Classes:		Units
Educ. 320AB	Management of Learning Laboratory (Social Studies, Math, and Science)	6
Educ. 560	Learning Disabilities III: Motor-Perceptual Procedures	3
Educ. 594C	Field Study	(1-3)
Educ. 516	The Severely Disturbed Adolescent	3
		12 + (1-3)

SECOND YEAR:

Fall Classes:		
Educ. 566	Counseling Exceptional Children and Parents (Individual and Group)	3
Educ. 572	Psychology of the Exceptional Child (Psychopathology of Childhood)	3
Educ. 565	Statistics	3
Educ. 446A	Directed Teaching	6
(or)	(or)	
*Educ. 594A	Field Study: Special Education	(3)
*Psych. 595	Seminar: Child Development Treatment and Services	(1)
		15 + (1-4)

Interim:	(Choice of one)	
Educ. 595	Seminar: The Dependent Child--Social Work	4
(or)	(or)	(or)
Educ. 595	Seminar: Juvenile Delinquency--Probation	4
(or)	(or)	(or)
MPA 595	Seminar: Public Administration	4

Spring Classes:		Units
Educ. 545	Philosophers on Education	3
(or)	(or)	(or)
Educ. 555	History of Education	3
Educ. 515	Psychology of Learning	3
Educ. 446B	Directed Teaching	6
(or)	(or)	
*Educ. 594B	Field Study	(3)
Educ. 568	Crisis Intervention	3
		15 + (3)

Summer Classes:		
Educ. 567	Techniques of Teaching the Severely Handicapped and Working with Their Parents (Play Therapy)	3
Educ. 563	Learning Characteristics of the Developmentally Disabled	3
Educ. 507/	Methods of Research (and)	(3)
599	Thesis or Project (Both needed if not doing comprehensive exams)	(2)
Educ. 594C	Field Study (Maximum if comprehensive exams are taken)	(1-3)
Educ. 595	Seminar: Learning Disabled, Behaviorally Disordered, Educationally Handicapped (Includes Adolescence)	3
		9 + (1-6)

Course Title: CHILD GROWTH AND DEVELOPMENT - MS

Outline of Course Content:

I. DEVELOPMENT - MATURATION

- A. Concept of Development
  - 1. The meaning of development
  - 2. Phases of development
  - 3. Theories of developmental psychology
  - 4. Uses of developmental psychology
- B. Mechanisms of Development
  - 1. Biological factors
  - 2. Sociocultural factors
  - 3. Individual variation and sociocultural norms
  - 4. Mechanisms of learning
  - 5. Complex manifestations of learning
  - 6. Overview of mechanism

II. PRENATAL DEVELOPMENT

- A. Historical Perspective
- B. Genetic Perspective
- C. Research on Prenatal Behavior

III. NEONATE

- A. Birth Experience
- B. Characteristics
- C. Reflexes

IV. MOTOR DEVELOPMENT - NEONATE-EIGHT YEARS

- A. Gesell
- B. Behaviorism
- C. Piaget
- D. Gross Motor
- E. Motor Generalizations - Kephart
- F. Fine Motor
- G. Sensory-Motor

V. PERCEPTUAL DEVELOPMENT

- A. Nervous System

  - B. Problem Areas
  - C. Feedback System
  - D. Research
  - E. Visual
  - F. Auditory
  - G. Tactile

VI. BODY IMAGE

  - A. Definitions
  - B. Norms

VII. SOCIAL-EMOTIONAL DEVELOPMENT

Methods of Evaluation:

1. Weekly Quiz
2. Final Exam
3. Observation--Paper at Normal Nursery School
4. Developmental Kit (Assessment and Prescription for Developmental Norms)

Suggested Texts and Materials:

Brazelton, T. Berry. Infants and Mothers--Differences in Development. New York: Dell Publishing Company, 1969.

Bronfenbrenner, J., and M. A. Mahoney. Influences on Human Development. Hinsdale, Illinois: The Dryden Press, 1975.

Caplan, Frank (General Editor). The First Twelve Months of Life. Your Baby's Growth Month by Month. The Princeton Center for Infants and Early Childhood. New York: Grossett and Dunlap, 1973.

Developmental Psychology Today. Del Mar, California: CRM Books, 1971.

Elkind, David. Children and Adolescents, Interpretive Essays on John Piaget. New York: Oxford University Press, 1970.

Erikson, Erik H. Childhood and Society. New York: W. W. Norton & Company, Inc., 1963.

Erikson, Erik H. "The Life Cycle: Epigenesis of Identity," Identity, Youth and Crisis, pp. 91-141. New York: W. W. Norton & Company, Inc., 1968.

________. Ibid., "Infancy and the Mutuality of Recognition," pp. 96-107.

________. Ibid., "Early Childhood and the Will to Be Oneself," pp. 107-114.

Flavell, John H. The Developmental Psychology of Jean Piaget. Princeton, New Jersey: D. Van Nostrand Company, Inc., 1963.

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Gesell, Arnold. The First Five Years of Life. New York: Harper Brothers, 1940.

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Movies:

Preface to Life, 30 minutes. New York University.

Principles of Development, 17 minutes. New York University.

How Babies Learn, 35 minutes. New York University.

Movies (continued):

Emergence of Personality.

Children's Emotions, 22 minutes. New York University.

Frustrating Fours and Fascinating Fives, 22 minutes. New York University.

Social Development, 16 minutes. New York University.

From Sociable Six to Noisy Nine, 22 minutes. New York University.

Six, Seven, and Eight Year Olds--Society of Children, 30 minutes. New York University.

Sibling Relations and Personality, 22 minutes. New York University.

Everybody's Prejudiced, 22 minutes. New York University.

Children in the Hospital, 44 minutes. New York University.

The Teens, 28 minutes. New York University.

Willie Catches On.

Course Title: LEARNING DISABILITIES I:
READING PROCEDURES ASSESSMENT AND REMEDIATION - MS

Outline of Course Content:

I. COURSE DESCRIPTION

The purpose of this course is to give teachers the skills necessary for diagnosing specific reading problems through the use of various tests. It also includes interpretation of results and the choice of appropriate corrective materials and techniques.

II. OBJECTIVES

Skills in administration of the following tests:

A. Wide Range Achievement Test
B. Gray Oral Reading Test
C. Gilmore Oral Reading Test
D. Spache Diagnostic Reading Scales
E. Stanford Reading Achievement Test
F. Nelson & Nelson-Denny Reading Test
G. New Developmental Bond Test
H. Several other related tests

III. LEARNING PROCESS

A. The interpretation of the above test results in relation to other tests.
B. An understanding of the role of perceptual processes as applied to reading and related skills.
C. Development of the abilities to select material and to use techniques for remediation of specific reading problems.

Methods of Evaluation:

1. Evaluation:
    a. Class discussion
    b. Case study: testing, interpretation, objectives, methods, and materials

Methods of Evaluation (Continued):

2. Procedures:

   a. Lecture: presentation of materials and methods
   b. Demonstration of test administration
   c. Practice of administration of tests
   d. Discussion of methods and materials
   e. Materials used

Suggested Texts and Materials:

DeGenaro, Jennie J. "Informal Diagnostic Procedures: 'What Can I Do Before the Psychometrist Arrives?'," Journal of Learning Disabilities. Vol. VIII, No. 9 (November, 1975), pp. 24-30.

Harris, Albert J., and Edward R. Sipay. How to Increase Reading Ability: A Guide to Developmental and Remedial Methods. Sixth edition. New York: David McKay Co., Inc., 1975.

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Slingerland, B. H. Slingerland Screening Tests for Identifying Children with Specific Language Disability. Teacher's Manual. Cambridge, Massachusetts: Educators Publishing Service, Inc., 1970.

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Schell, Leo, and Paul Burns, Editors. Remedial Reading. Boston, Massachusetts: Allyn & Bacon, Inc.

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Salzer, Stanley, Julius B. Richmond, and Theodore DeBuno. "Epidemiology and Disordered Learning," Advocacy for Child Mental Health, pp. 46-67. Edited by Irving N. Berlin. New York: Brunner/Mazel, Inc., 1975.

Weil, Annemarie P. "Children with Minimal Brain Dysfunction: Diagnostic, Dynamic and Therapeutic Considerations," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 551-568. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Williams, Frank S. "The Family Approach to Psychoeducational Treatment in the Preschool Setting," Family Roots of School Learning and Behavior Disorders, pp. 163-176. Edited by Robert Friedman. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Wolff, Peter H. "Operational Thought and Social Adaptation," Play and Development, pp. 28-42. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Wolman, Benjamin B., Editor. Manual of Child Psychopathology. New York: McGraw-Hill Book Co., 1972.

Wood, Mary Margaret. "Services to Parents," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 253-262. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Wyburn, G. M., et al., Editors. Human Senses and Perception. Buffalo, New York: University of Toronto Press, 1964.

Course Title: LEARNING DISABILITIES II:
MATH PROCEDURES ASSESSMENT AND REMEDIATION - M5

Outline of Course Content:

I. COURSE OBJECTIVES

A. To be able to discern a child's stage of development as a basis for determining the type of math for which he is ready.

B. To be able to provide concrete methods for the teacher in the teaching of mathematics.

C. To be able to understand how children learn math (not how to teach math).

D. To be able to make laboratory materials that can be used as teaching aids.

E. To be able for each student to compile a "Resource Notebook" of practical lesson plans and specific diagnostic techniques that are relevant for the LD child.

F. To be able to be aware of and gain insight from the readings of articles of current literature and research from magazines and research bulletins.

G. To be able to pull together for the student via discussion, sharing of ideas and papers, his prior background, and this present math-related experience.

II. SUMMARY

The student needs to have an opportunity for learning in a sharing and human manner with the course objectives clearly understood and, in a democratic manner, arrive at a weekly agenda. The need to develop professional people to work with children of learning disabilities is one of the teacher's vital concerns. If a teacher can motivate and inspire the students to be eager and learn by the use of the most relevant materials, he/she will have done a small part in the future of a child's life. The course is designed to provide the student one of the most useful experiences in understanding and preparing to teach children mathematics. It will also attempt to take advantage of the student's background in and understanding of the psychological and physical needs of the LD child.

Methods of Evaluation:

1. Reading of adopted text and active participation in weekly lectures or seminar discussions.

2. Development of a "concrete teaching math side" to be shared and discussed with the class.

3. Development of a set of "assignment cards" and either role play with a fellow classmate or bring a child to the class who can participate.

4. Case study, clinical observation, or research paper on a specific area of teaching math to children with the type of learning disabilities that the student is concerned with in teaching. The paper should be five to ten pages in length and have footnotes. The student should be able to support his/her findings. Papers will be read to the class to share ideas and to stimulate learning.

5. Resource notebook: Include notes from discussions and lectures, reports, specific handouts given during the course, practical teaching examples and lesson plans, names and addresses for resources in teaching.

6. Final Examination: Two hours. Some objective questions and some essay; will include a course summary and an evaluation of course objective and teaching realization.

Suggested Texts and Materials:

Copeland, Richard W. How Children Learn Mathematics: Teaching Implications of Piaget's Research. New York: Macmillan Publishing Co., Inc., 1970.

________. Diagnostic and Learning Activities in Mathematics for Children. New York: Macmillan Publishing Co., Inc., 1974.

Donahue, George, and Sol Nichtern. Teaching the Troubled Child. New York: Free Press, Distributed by: Macmillan Co., 1968.

Anthony, E. James. "'It Hurts Me More Than It Hurts You'--An Approach to Discipline as a Two-Way Process," From Learning for Love to Love of Learning, pp. 117-131, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

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Rosenthal, Robert, and Lenore Jacobson. Pygmalion in the Classroom: Teacher Expectation and Pupil's Intellectual Development. New York: Holt, Rinehart & Winston, Inc., 1968.

Sapir, Selma G. "Learning Disability and Deficit Centered Classroom Training," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 660-673. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Ann C. Nitzburg, Editors. Children with Learning Problems: Readings in a Developmental-Interaction Approach. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Bernice Wilson. "A Developmental Scale to Assist in the Prevention of Learning Disability," Ibid., pp. 606-612.

Schell, Leo, and Paul Burns, Editors. Remedial Reading. Boston, Massachusetts: Allyn & Bacon, Inc.

Shapiro, Edna, and Barbara Biber. "The Education of Young Children: A Developmental-Interaction Approach," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 682-709. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sheviakov, George V. "Some Reflections on the Problem of Discipline," From Learning for Love to Love of Learning, pp. 152-154, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Silberman, Charles E. Crisis in the Classroom: The Remaking in American Education. New York: Random House, Inc., 1970.

Smith, Robert M. Clinical Teaching: Methods of Instruction for the Retarded. New York: McGraw-Hill Book Co., 1974.

Spencer, Peter. Reading Reading. Claremont, California: College Press.

Spitz, René A. "Fundamental Education: The Coherent Object as a Developmental Model," Play and Development, pp. 43-63. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Vernon, Magdalen D. Experiments in Visual Perception. New York: Penguin Books, Inc.

________. Psychology of Perception. New York: Penguin Books, Inc., 1962.

Vygotsky, Lev S. Thought and Language. Cambridge, Massachusetts: M.I.T. Press, 1962.

Salzer, Stanley, Julius B. Richmond, and Theodore DeBuno. "Epidemiology and Disordered Learning," Advocacy for Child Mental Health, pp. 46-67. Edited by Irving N. Berlin. New York: Brunner/Mazel, Inc., 1975.

Weil, Annemarie P. "Children with Minimal Brain Dysfunction: Diagnostic, Dynamic and Therapeutic Considerations," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 551-568. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Williams, Frank S. "The Family Approach to Psychoeducational Treatment in the Preschool Setting," Family Roots of School Learning and Behavior Disorders, pp. 163-176. Edited by Robert Friedman. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Wolff, Peter H. "Operational Thought and Social Adaptation," Play and Development, pp. 28-42. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Wolman, Benjamin B., Editor. Manual of Child Psychopathology. New York: McGraw-Hill Book Co., 1972.

Wood, Mary Margaret. "Services to Parents," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 253-262. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Wyburn, G. M., et al., Editors. Human Senses and Perception. Buffalo, New York: University of Toronto Press, 1964.

Course Title: SELECTED TOPICS:
METHODS OF MULTICULTURAL EDUCATION - MS

Outline of Course Content:

I. COURSE OBJECTIVES

A. To develop an understanding of the philosophy of multicultural education.

B. To develop a working knowledge of the different approaches to teaching multiculture in the elementary classroom.

C. To develop an understanding of multiculture educational materials and resources for different grade levels.

D. To acquire skills in developing and implementing workable multicultural curriculum modules.

E. To develop an understanding of techniques and procedures for integrating multiculture into the established curriculum such as reading and science.

F. To develop an understanding of the problems inherent in teaching multicultural education in the classroom curriculum.

II. COURSE CONTENT

A. Philosophical basis for multicultural education.

B. Problems in teaching multiculture in the elementary classroom curriculum.

C. Approaches to multicultural education in the special education classroom.

D. Approaches to multicultural education in the general elementary classroom.

E. Types of multicultural education curricula and strategies of teaching.

F. Teaching multiculture in the reading curriculum.

G. Teaching multiculture in the social studies curriculum.

H. Teaching multiculture in the science and math curriculum.

I. Teaching multiculture as separate modules.

J. Multicultural resources for the elementary classroom.

K. Procedures for integrating living experiences of the community into the classroom curriculum.

L. Techniques for managing cultural misunderstanding and negative attitudes.

Methods of Evaluation:

1. Examination
2. Term paper
3. Journal abstracts

Course Title: SEMINAR:
CHILD DEVELOPMENT TREATMENT AND SERVICES - MS

Outline of Course Content:

This seminar exposes students to various treatment programs, methods, and services to children both within and outside of various institutional and clinical settings in California. In addition to a variety of topics, issues, and presenters, students will be able to be involved in an ongoing weekly seminar in child development and family relationships with Itamar Yahalom, Ph.D., in the Tuesday morning lab. This will also alert students to the resources available in the community.

Methods of Evaluation:

Participation and attendance are essential and are the major factors in determining grades. (No more than three absences or grade level is lowered.)

Suggested Speakers' Topics:

1. UCLA Learning Laboratory
2. Child Development
3. Teaching Homes--Parent Education
4. Family Relationships
5. Sand Tray--Jungian Approach
6. Parent-Child Center Program
7. The Chicano Child
8. Identity Formation in the Black Child
9. Zen Buddhism--Self-awareness
10. Civil Rights in a Health Care Facility
11. Psychodrama in Understanding Termination with Children

SEMINAR:
CHILD DEVELOPMENT TREATMENT AND SERVICES - MS

12. Education for Parenthood
13. What Is a Child Mental Health Specialist?
14. Dance and Music Therapy with Children
15. Developmental Skills Training
16. Play Therapy
17. Panel on Programs for Sexual Deviation Problems--Rights of Gay Minors
18. Infant Stimulation I
19. Infant Stimulation II
20. Family Therapy
21. Parent Effectiveness Training
22. Art as Expression for Children
23. Conjoint Family Therapy

Course Title: SEMINAR: DIAGNOSTIC TESTING - MS

Outline of Course Content:

I. INTRODUCTION TO TESTING

- A. Justification for, Interpretations of, Dangers of, Alternatives to
- B. Kinds of Tests
    1. Intelligence tests
    2. Sensory discrimination tests
    3. Motor tests
    4. Personality tests
    5. Achievement tests
    6. Aptitude tests
- C. Testing Formats
    1. Group vs. individual
    2. Written vs. oral
    3. Straightforward vs. disguised purpose
- D. Testing Techniques and Procedures
    1. Establish rapport
    2. Control all extraneous stimuli
    3. Reinforce for performance but not for correct response
    4. Watch feedback to subject
- E. Important Terms in Testing
    1. Norms
    2. Standardization
    3. Standard deviation
    4. IQ
    5. Percentile
    6. Reliability
    7. Error of measurement
    8. Content validity
    9. Face validity
    10. Criterion-related validity
    11. Construct validity

II. INTELLIGENCE TESTS

- A. History
- B. Discussion and Demonstration of the WISC, Including Profile Analysis
- C. Discussion and Demonstration of the Leiter, the Stanford-Binet, and the Goodenough Draw a Man Test

D. Criticism and Comparison of the IQ Tests Discussed; Situations which Indicate the Use of a Particular Test

III. PSYCHOLOGICAL TESTS--GUEST LECTURER

A. Overview of Psychological Testing
B. Test Demonstrations and Examples from Case Histories
C. Sentence Completion, Bender-Gestalt, TAT, MMPI, Projective Drawing, WISC, and Rorschach

IV. LANGUAGE TESTS

A. Discussion of the ITPA-Theoretical Model and Demonstration of the Test
B. Peabody Picture Vocabulary Test--Demonstration and Interpretation

V. PERCEPTUAL TESTS

A. Discussion of Perception
B. Presentation of the Frostig Developmental Test of Visual Perception; Skills Tested and Their Behavioral Correlates
C. Discussion of Auditory Perceptual Tests

VI. ACADEMIC TESTS

A. General Tests
    1. WRAT
    2. CTBS
    3. PIAT
B. Reading Tests
    1. Spache
    2. Gilmore Oral
    3. Loyola
    4. Silveroli
    5. Dolch Basic Sign Word Tests
    6. Gates-MacGinitie Reading Readiness Test
C. Math Diagnostic Tests
    1. Key Math and informal procedures
D. Other Tests Used by Classroom Teachers
    1. Valett and Frostig Movement Skills Test

VII. REMEDIATION

A. Teacher-made Materials

B. Commercially Produced Materials
C. Use of Remediation Materials in Individual Educational Therapy and in the Classroom

Methods of Evaluation:

Student grades are based on:

1. Attendance.
2. Administration and scoring of the following tests:
    a. WISC
    b. IPTA
    c. Frostig
    d. PPVT
    e. PIAT
    f. WRAT
    g. CTBS
    h. Spache
    i. Other tests (optional)
3. Midterm quiz.
4. Written and oral presentation of an original diagnostic instrument.
5. Final Project:

    Administer a complete battery of tests to a child. The complete write-up (5-15 pages) should include important historical information, observations made during testing, an explanation and interpretation of the tests results, and specific recommendations for remedial treatment.

Suggested Texts and Materials:

This course uses a battery of tests and test manuals. No one text is recommended.

CATTELL INFANT INTELLIGENCE SCALE:

Cattell, Psyche. Measurement of Intelligence of Infants and Young Children. New York: Johnson Reprint Corp, Subsidiary of Harcourt, Brace & Jovanovich, Inc., 1960.

COLUMBIA MENTAL MATURITY SCALE:

Columbia Mental Maturity Scale. 1972 Edition. New York: Harcourt, Brace & Jovanovich, Inc., 1972.

WECHSLER PRESCHOOL AND PRIMARY SCALE OF INTELLIGENCE:

Wechsler, David. Wechsler Preschool and Primary Scale of Intelligence. New York: Psychological Corporation, 1963.

WECHSLER INTELLIGENCE SCALE FOR CHILDREN:

Wechsler, David. Wechsler Intelligence Scale for Children. (Revised edition, WISC-R, 1974.) New York: Psychological Corporation, 1949.

VINELAND SOCIAL MATURITY SCALE:

Doll, Edgar A. Vineland Social Maturity Scale: Manual for Directions. Revised edition. Circle Pines, Minnesota: American Guidance Service, Inc., 1965.

_______. The Measurement of Social Competence. Circle Pines, Minnesota: American Guidance Service, Inc., 1953.

STANFORD-BINET INTELLIGENCE TEST, FORM L-M:

Kennedy, W., V. Van De Reit, and J. White. "A Normative Sample of Intelligence and Achievement of Negro Elementary School Children in the Southeastern United States," Monographs, Society for Research in Child Development. Volume XXVIII, No. 6 (1963).

Pinneau, Samuel R. Changes in Intelligence Quotient: Infancy to Maturity. Boston, Massachusetts: Houghton Miffin Co., 1961.

Terman, L. M., and M. A. Merrill. Stanford-Binet Intelligence Scale: Manual for the Third Revision, Form L-M. Boston, Massachusetts: Houghton Miffin Co., 1973.

Thorndike, R. Norms, Tables or Part Four of the Manual for the Third Revision. Boston, Massachusetts: Houghton Miffin Co., 1973.

PEABODY PICTURE VOCABULARY TEST:

Dunn, Lloyd M. Peabody Picture Vocabulary Test. Circle Pines, Minnesota: American Guidance Service, Inc., 1965.

MOONEY PROBLEM CHECK TEST:

Mooney, R. L., and L. V. Gordon. Mooney Problem Check Test. 1950 Revision. New York: Psychological Corporation, 1950.

MERRILL-PALMER SCALE OF MENTAL TESTS:

Merrill-Palmer Scale of Mental Tests. Chicago, Illinois: C. H. Stoelting Company.

Stutsman, R. Mental Measurement of Preschool Children. Yonkers, New York: World Book Company, 1931.

LINCOLN-OSERETSKY MOTOR DEVELOPMENT SCALE:

Sloan, William. "The Lincoln-Oseretsky Motor Development Scale," Genetic Psychology Monograph. Volume 51 (1955), pp. 183-252.

LEITER INTERNATIONAL PERFORMANCE SCALE:

Leiter International Performance Scale. 1948 Revision. Chicago, Illinois: C. H. Stoelting Company, 1948.

Arthur, G. The Arthur Adaptation of the Leiter International Performance Scale. Washington, D.C.: Psychological Services Center Press, 1952.

Leiter, R. G. Part II of the Manual for the 1948 Revision of the Leiter International Performance Scale, Psychological Service Center Journal. Volume II (1950), pp. 259-343.

ILLINOIS TEST OF PSYCHOLINGUISTIC ABILITIES (ITPA):

Kirk, Samuel A., James G. McCarthy, and Winfred D. Kirk. Illinois Test of Psycholinguistic Abilities. Revised edition. Urbana, Illinois: University of Illinois Press, 1968.

Osgood, C. E. "Motivational Dynamics of Language Behavior," Nebraska Symposium on Motivation. Lincoln, Nebraska: University of Nebraska Press, 1957.

FAMILY RELATIONS TEST: AN OBJECTIVE TECHNIQUE FOR EXPLORING EMOTIONAL ATTITUDES IN CHILDREN: (Devised in England.)

Anthony, J., and E. Bene. "A Technique for the Objective Assessment of the Child's Family Relationships," Journal of Mental Science. Volume 103 (1957), pp. 541-555.

DRAW-A-MAN SCALE ON HUMAN FIGURE DRAWINGS:

Harris, Dale B. Children's Drawings As Measures of Intellectual Maturity: A Revision of the Goodenough Draw-A-Man Test. New York: Harcourt Brace Jovanovich, Inc., 1963.

Koppitz, Elizabeth M. Psychological Evaluation of Children's Human Figure Drawings. New York: Grune and Stratton, 1967.

Course Title: LANGUAGE AND SPEECH DEVELOPMENT AND DISORDERS - MS

Outline of Course Content:

I. BASIS OF SPEECH, LANGUAGE AND HEARING

  A. Neuro-Anatomical
  B. Psycho-Social

II. SPEECH, LANGUAGE, AND HEARING DEVELOPMENT ("NORMAL")

III. SPEECH, LANGUAGE, AND HEARING DEVELOPMENT (DEFICITS)

  A. Etiology--Diagnosis
  B. Course of Deficit--Prognosis
  C. Therapeutic Intervention

IV. ANTICIPATED SKILLS TO BE LEARNED

Understanding of the field in general, normal speech, language and hearing development and deficits found. This will enable the student to integrate speech, language and hearing principles into the classroom or therapy situation. It will enable the student to recognize speech, language, and hearing deficits which may be responsible for or compounding other educational/therapeutic problems.

V. TOPICS FOR LECTURE AND DISCUSSION

  A. Speech and Language Structures
    1. Neurological structures
      a. CNS description
      b. CNS operation
    2. Anatomical description of:
      a. hearing mechanism
      b. speech mechanism
  B. Normal Speech and Language Development
    1. Overview of various theories
    2. Receptive (cognitive) language development
    3. Expressive language development
      a. phonemic
      b. linguistic

C. Disorders of Communication
  1. Language dysfunction (and diagnosis)
  2. Hearing dysfunction (and diagnosis)
  3. Speech dysfunction (and diagnosis)

Methods of Evaluation:

1. Four examinations

2. Two reports

3. Class interaction

4. Additional outside projects/reports if desired

Suggested Texts and Materials:

Berry, Mildred F. Language Disorders of Children: The Bases and Diagnoses. New York: Appleton Century-Crofts, 1969.

Eisenson, Jon. Aphasia in Children. New York: Harper and Row, Publishers, Inc., 1972.

Journals: ASHA, CSHA, CEA.

"Learning to Talk." Bethesda, Maryland: Information Center, National Institute of Health.

Luria, A. R., and F. La Yudovich. Speech and the Development of Mental Processes in the Child. Baltimore, Maryland: Penguin Books, Inc., 1972.

Piaget, Jean. Language and Thought of the Child. New York: New American Library, 1955.

Scott, Louise B., and Jesse J. Thompson. Talking Time. Second edition. New York: McGraw-Hill Book Company, 1966.

Van Riper, Charles. Speech Correction: Principles and Methods. Fifth edition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972.

Course Title: MULTIPLE HANDICAPPED, EMOTIONALLY DISTURBED, AND AUTISTIC (BEHAVIOR MODIFICATION) - MS

Outline of Course Contents:

I. BEHAVIOR MODIFICATION COMPARED TO OTHER MODES

II. RESPONDENT--OPERANT CONDITIONING

III. METHODS TO INCREASE BEHAVIOR

   A. Positive Reinforcement
   B. Negative Reinforcement
   C. Avoidance
   D. Modeling

IV. METHODS TO DECREASE BEHAVIOR

   A. Aversive Conditioning
   B. Time-Out
   C. Negative Practice
   D. Satiation
   E. Condition Incompatible Response

V. SCHEDULES OF REINFORCEMENT--ACQUISITION AND MAINTENANCE

VI. SELF-CONTROL

VII. ENGINEERED CLASSROOM

VIII. TOKEN ECONOMY

Methods of Evaluation:

1. Weekly quizzes--notes, assigned text, assigned journal articles
2. Two papers--practical experience
   a. Increase a child's response
   b. Decrease a child's response
3. Critique a peer's increase paper
4. Final examination

Suggested Texts and Materials:

American Psychiatric Association. Behavior Therapy in Psychiatry. A Report of the American Psychiatric Association Task Force on Behavior Therapy. New York: Jason Aronson, Inc., 1974.

Bandura, Albert. Principles of Behavior Modification. New York: Holt, Rinehart & Winston, Inc., 1969.

Blanchard, E. B., and R. A. Johnson. "Generalization of Operant Classroom Control Procedures," Behavior Therapy. Volume IV (1973), pp. 219-229.

Browning, Robert M., and Donald O. Stover. Behavior Modification in Child Treatment: An Experimental and Clinical Approach. Chicago, Illinois: Aldine Publishing Company, 1971.

Cohen, Harold L., and James Filipczak. A New Learning Environment: A Case for Learning. San Francisco, California: Jossey-Bass, Inc., Publishers, 1971.

Drash, P. W., and B. J. Freeman. Behavior Modification, Behavior Therapy and Operant Conditioning. New York: Behavioral Publications, Inc., 1973.

Foxx, R. M., and N. H. Azrin. "Restitution: A Method of Eliminating Aggressive-Disruptive Behavior of Retarded and Brain-damaged Patients," Behavior Research and Therapy. Volume X (1972), pp. 15-27.

________. "The Elimination of Autistic Self-stimulatory Behavior by Overcorrection," Journal of Applied Behavior Analysis. Volume VI (1973), pp. 1-14.

Foxx, Richard M., and Nathan H. Azrin. Toilet Training the Retarded: A Rapid Program for Day and Nighttime Toileting. Champaign, Illinois: Research Press Company, 1973.

Frankel, F., and J. Q. Simmons. "Self-injurious Behavior in Schizophrenic and Retarded Children," American Journal of Mental Deficiency. Volume V (1976), pp. 512-522.

Freedman, Anne E. The Planned Society: An Analysis of Skinner's Proposals. Kalamazoo, Michigan: Behaviordelia, Inc., 1972.

Freeman, B. J., V. Graham, and E. R. Ritvo. "Reduction of Self-destructive Behavior by Overcorrection," Psychological Reports. Volume 37 (1975), p. 446.

Freeman, B. J., D. Moss, T. Somerset, and E. R. Ritvo. "Elimination of Thumbsucking in a Severely Autistic Boy by Overcorrection," Journal of Behavior Therapy and Experimental Psychiatry. (In Press, 1977.)

Freeman, B. J., and W. Pribble. "Elimination of Inappropriate Toileting Behavior by Overcorrection," Psychological Reports. Volume 35 (1974), p. 802.

Freeman, B. J., and E. R. Ritvo. "Parents as Paraprofessionals," Autism: Diagnosis, Current Research and Management. Edited by E. R. Ritvo, B. J. Freeman, E. M. Ornitz, and P. Tanguay. Holliswood, New York: Spectrum Publications, Inc., 1976.

Freeman, B. J., T. Somerset, and E. R. Ritvo. "Effect of Duration of Time-out in Suppressing Disruptive Behavior in a Severely Autistic Child," Psychological Reports. Volume 38 (1976), pp. 124-126.

Freeman, B. J. "An Overview of Behavior Therapy with Children." Paper presented at the American Academy of Child Psychiatry, Second Annual Review in Child Psychiatry, January 1977.

Graziano, Anthony M., Editor. Behavior Therapy with Children. Chicago, Illinois: Aldine Publishing Company, 1971. Volume I.

_______. Behavior Therapy with Children. Chicago, Illinois: Aldine Publishing Company, 1975. Volume II.

Hewett, F. M. "Teaching Speech to Autistic Children through Operant Conditioning," American Journal of Orthopsychiatry. Volume 35 (1965), pp. 927-936.

MacMillan, D., and S. Forness. "Behavior Modification: Limitations and Liabilities," Exceptional Children. Volume 37 (1970), pp. 291-297.

Malott, R. W. Issues in the Analysis of Behavior. Kalamazoo, Michigan: Behaviordelia, Inc., 1973.

Minge, M. R., and T. S. Ball. "Teaching of Self-help Skills to Profoundly Retarded Patients," American Journal of Mental Deficiency. Volume 71 (1967), pp. 864-868.

Neisworth, John T., and Robert M. Smith. Modifying Retarded Behavior. Boston: Houghton Miffin Co., 1973.

Rimm, David, and John C. Masters. Behavior Therapy: Techniques and Empirical Findings. New York: Academic Press, Inc., 1974.

Ross, Alan O. "Behavior Therapy," Psychopathological Disorders of Childhood. Edited by H. C. Quay and J. S. Werry. New York: John Wiley & Sons, Inc., 1972.

Schaefer, Halmuth H., and Patrick L. Martin. Behavioral Therapy. Second edition. New York: McGraw-Hill Book Company, 1975.

Skinner, B. F. Walden Two. New York: Macmillan Publishing Company, Inc., 1960.

Stolz, Stephanie B., Louis A. Wienckowski, and Bertram S. Brown. "Behavior Modification: A Perspective on Critical Issues," American Psychologist. Volume 30 (1975), pp. 1027-1048.

Ullman, Leonard, and Leonard Krasner. Psychological Approach to Abnormal Behavior. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1969.

Course Title: ORGANIC AND CULTURAL BASIS FOR SEVERELY HANDICAPPED - MS

Outline of Course Content:

I. INTRODUCTION

- A. Review of Nuerophysiology
- B. Theories of CNS Function
  - 1. Mass action
  - 2. Specific action
  - 3. Sensory-motor dichotomy
  - 4. Sensory-integrative-motor trichotomy

II. DISTURBANCES OF CNS FUNCTION: INTELLECTUAL IMPAIRMENT AND DETERIORATION

- A. Relation to Mental Deficiency
  General versus Specific
- B. Relation to Perceptual-Motor Handicaps
- C. The Babcock Hypothesis
- D. Brain Injury

III. LANGUAGE DISORDERS

The Five Aphasias (Pragmatic, Semantic, Syntactic, Jargon, Global)
Agnosia
Apraxia (Verbal, Dysarthrias)

- A. Organic Basis
- B. Sociocultural Context
- C. Remediation and Prescription

IV. HYPERKINESIS: A NOSOLOGICAL ENTITY

- A. Relation to Teaching Methods and Curriculum Design
- B. Cross-Cultural Variants

V. MENTAL RETARDATION

- A. Organic Basis
- B. Sociocultural Context
- C. Educational and Psychological Intervention

VI. THE EPILEPSIES

A. Organic Basis
B. Psychosocial Aspects
C. Educational, Psychological, and Medical Intervention

Suggested Texts and Materials:

** REQUIRED READING

INTRODUCTION:

** Hebb, Donald O. Organization of Behavior. New York: John Wiley & Sons, Inc., 1949. (Chapters 4, 5, 6, and 7.)

** Penfield, Wilder, and Lamar Roberts. Speech and Brain Mechanisms. Princeton, New Jersey: Princeton University Press, 1959. (Chapters 2 and 3.)

** Wepman, J. M., and Doris Van Pelt. "A Theory of Cerebral Disorders Based on Therapy," Folia Phoniatrica. Volume VII (1955).

DISTURBANCES OF CNS FUNCTION:

INTELLECTUAL IMPAIRMENT AND DETERIORATION:

Abercrombie, M. L., et al. "Visual Perceptual and Visuo-motor Impairment in Physically Handicapped Children," Perceptual Motor Skills. Volume XVIII (1964), pp. 561-625.

** Babcock, H. "Personality and the Efficiency of Mental Functioning," American Journal of Orthopsychiatry. Volume X (1940), pp. 527-531.

________. "The Level Efficiency Theory of Intelligence," Journal of Psychology. Volume XI (1941), pp. 261-270.

** Bender, Lauretta. Psychopathology of Children with Organic Brain Disorders. Springfield, Illinois: Charles C. Thomas, Publishers, 1956. (pp. 23-25, 38-52, 57-65, 84-138.)

Epstein, B. "Speech Communication Difficulties in the Brain-injured Child," Spastics Quarterly. Volume 14 (1965), pp. 2-3.

Goldstein, K. "Functional Disturbances in Brain Damage," American Handbook of Psychiatry, Chapter 39. Edited by Silvano Arieti, et al. New York: Basic Books, Inc., 1959.

** Kephart, N. C. "Perceptual-Motor Aspects of Learning Disabilities," Exceptional Child. Volume XXI (1964), pp. 201-206.

** Lehtinen, Laura E. "The Brain-injured Child: What Can We Do for Him?," Dallas Medical Journal. Special Edition (March, 1959), pp. 15-21.

Maslow, P., et al. "The Marianne Frostig Development Test of Visual Perception, 1963 Standardization," Perceptual and Motor Skills. Volume XIX (1964), pp. 463-499.

Myklebust, H. R. "Learning Disorders: Psychoneurological Disturbances in Childhood," Rehabilitation Literature. Volume XXV (1964), pp. 354-360.

** Van de Riet, et al. "Visual-Motor Coordination in Underachieving and 'Normal' School Boys," Perceptual Motor Skills. Volume XIX (1964), pp. 731-734.

Williams, H. L., et al. "Direct Measurement of Cognitive Deficit in Brain-injured Patients," Journal of Consulting Psychology. Volume XXIII (1959), pp. 300-305.

** Wolinsky, G. F. "Piaget's Theory of Perception: Insights for Education Practices with Children Who Have Perceptual Difficulties," Training School Bulletin. Volume LXII (1965), pp. 12-26.

LANGUAGE DISORDERS:

** Barger, W. C. "Late Reading in Children: A Review of Its Origins with a Discussion of a Correcting Device for the Aphasic Type," Cerebral Palsy Review. Volume VII (1959), pp. 20-26.

** Berko, M. F., and M. F. Palme. "The Education of the Aphasic Child," American Journal of Occupational Therapy. Volume VI (1952), pp. 241-246.

** Bryant, N. D. "Characteristics of Dyslexia and Their Remedial Implications," Exceptional Child. Volume XXXI (1964), pp. 195-199.

** Budoff, M., and D. Quinlan. "Reading Progress as Related to Efficiency of Visual and Aural Learning in the Primary Grades," Journal of Educational Psychology. Volume LV (1964), pp. 247-252.

** Charlton, M. H. "Aphasia in Bilingual and Polyglot Patients, a Neurological and Psychological Study," Journal of Speech and Hearing Disorders. Volume XXIX (1964), pp. 307-311.

** Dinsmore, M. "Teaching Reading to the Brain-injured Child," American Journal of Mental Deficiency. Volume LVIII (195[illegible], pp. 431-435.

** Eisenson, Jon. "When and What Is Aphasia," Monographs of the Society for Research in Child Development. Volume XXV (1960), pp. 89-95.

** ________. "Aphasic Language Modifications Considered as a Disruption of Cultural Verbal Habits," Folia Phoniatrica. Volume XV, pp. 299-306.

Furth, H. G. "Sequence Learning in Aphasic and Deaf Children," Journal of Speech and Hearing Disorders. Volume XXIX (1964), pp. 171-177.

Glovsky, L., and S. Regrodsky. "Developmental Analysis of Mentally Deficient Children with Early Histories of Aphasia," Training School Bulletin. Volume LXI (1964), pp. 76-96.

** Lea, J. "Educating Aphasic Children: Lines of Communication," Educational Supplement. Number 2568 (1964), p. 201.

Love, R. J. "Oral Language Behavior of Older Cerebral Palsied Children," Journal of Speech and Hearing Research. Volume VII (1964), pp. 349-359.

** McCarthy, Dorthea. "Language Disorders and Parent-Child Relationships. Journal of Speech and Hearing Disorders. Volume XIX (1954), pp. 514-523.

** Pollock, M. S. "Releasing the True Intellectual Capacities of a Young Aphasic Child through the Unfettering of Emotional Bonds. Case report," American Journal of Mental Deficiency. Volume LXIII (1959), pp. 954-966.

** Weinstein, E. A. "Meaning in Jargon Aphasia," Cortex. Volume II, No. 2 (1966), pp. 165-187.

** Wepman, J. M. "Auditory Discrimination, Speech, and Reading," Elementary School Journal. Volume LX (1960), pp. 325.

Wood, Nancy E. "Language Disorders: An Educational Problem," Education. Volume LXXIX (1959), pp. 399-403.

HYPERKINESIS: A NOSOLOGICAL ENTITY:

** Ekstein, Rudolf, and Rocco L. Motto. From Learning for Love to Love of Learning. New York: Brunner/Mazel, Inc., 1969. (Chapters 4, 6, 7, 8, 13, 16, 23.)

** Laufer, M. W., and F. Denhoff. "Hyperkinetic Behavior Syndrome in Children," Journal of Pediatrics. Volume L (1957), pp. 463-474.

** Pribram, K. H. "Neurological Notes on the Art of Educating," National Society for the Study of Education Yearbook. Volume I (1963, 1964), pp. 78-110.

MENTAL RETARDATION:

Benton, A. L. "Visual Memory Test Performance in Mentally Deficient and Brain-damaged Patients," American Journal of Mental Deficiency. (1964), pp. 630-633.

Fernald, Grace M. Remedial Techniques in Basic School Subjects. New York: McGraw-Hill Book Company, 1943.

** Jellinek, Auguste. "Phenomena Resembling Aphasia, Agnosia, and Apraxia in Mentally Defective Children and Adolescents," Journal of Speech Disorders. Volume VI (1941), pp. 51-62.

** Jolles, Isaac, and Selma I. Southwick. Clinical Approach to Training the Educable Mentally Retarded: A Handbook. Los Angeles: Western Psychological Services, 1969.

** Kaliski, Lotte. "The Brain-injured Child--Learning by Living in a Structured Setting," American Journal of Mental Deficiency. Volume LXIII (1959), pp. 688-695.

Kephart, Newell. Slow Learner in the Classroom. Second edition. Columbus, Ohio: Charles E. Merrill Publishing Company, Division of Bell & Howell Company, 1971.

** McCarthy, J. J. "The Importance of Linguistic Ability in the Mentally Retarded," Mental Retardation. Volume II (1964), pp. 90-96.

Perry, Natalie. Teaching the Mentally Retarded Child. Second edition. New York: Columbia University Press, 1974.

** Rose, D., et al. "Some Problems in Perceptual Handicaps of Mentally Retarded Children," Journal of Genetic Psychology. Volume CIV (1964), pp. 123-133.

THE EPILEPSIES:

** Buchanan, D. "Convulsions in Infancy and Childhood," Medical Clinics, (Chicago). (January, 1946), pp. 163-172.

** Delay, J., and P. Pichot. *The Rorschach and the Epileptic Personality*. New York: Logos Press, 1958. (Chapter 1.)

** Fischer-Williams, M., *et al*. "Occipit-Parieto-Temporal Seizure Discharge with Visual Hallucinations and Aphasia," *Epilepsia*, (Amsterdam). Volume V (1964), pp. 279-292.

Course Title: DIAGNOSTIC AND PRESCRIPTIVE TEACHING OF READING - MS

Outline of Course Content:

DESCRIPTION:

To give teachers the skills necessary for planning a diagnostic-prescriptive reading program for all students in a normal classroom.

I. THE READING PROCESS

   A. Recognition
   B. Comprehension

II. LANGUAGE AND THOUGHT
(SYMBOL FORMATION AND CONCEPT FORMATION)

   A. Importance of Language
   B. Theories of Symbol Formation
   C. Relationship to Cognition
   D. Theories of Learning Development

III. SENSORY MECHANISM

   A. Brain
   B. Vision
   C. Hearing

IV. PERCEPTION

   A. Definitions and Interdependence with Other Functions
   B. Relationship to Reading

V. EGO DEVELOPMENT

   A. Relationship to Reading

VI. APPROACHES TO BEGINNING READING

   A. Phonemic
   B. Linguistic
   C. Language-Acts

D. Language-Experience
E. Sound-Symbol
F. Individualized
G. Early Reading
H. Perceptual-Discrimination

VII. OBJECTIVES

A. The Abilities to Carry Out a Prescriptive Program which Meets the Needs of All Pupils
B. Skills in the Administration of Several Screening Tests and Inventories
  1. Classroom Reading Inventory
  2. The Botel Reading Inventory
  3. Frostig Test
C. An Understanding of the Role of Perceptual Processes as Applied to Reading
D. The Abilities to Plan Realistic Objectives which Meet the Needs of All Pupils

VIII. PROCEDURES

A. Lecture: Presentation of Background Material
B. Demonstration of Test Administration
C. Practice in Administration of Screening and Inventory Tests
D. Discussion of Problems Involved
E. Display and Explanation of Methods
F. Reading Systems: The Writing Road to Reading, Distar, S.R.A., Lippencott. Montessori, Individualized Reading, Frostig, Michigan Language Program, Phonovisual, Sullivan, Reading with Phonics, Basic Reading, Carden Method and Words in Color

Methods of Evaluation:

1. Oral reports

2. Class discussion

3. Participation in assigned projects

4. Case study

Course Title: LEARNING DISABILITIES III:
MOTOR-PERCEPTUAL PROCEDURES - MS

Outline of Course Content:

COURSE OBJECTIVES:

To acquaint the students with developmental literature, assessment techniques, and remediation procedures in motoric and perceptual functioning in working with the exceptional child.

Methods of Evaluation:

1. Weekly Quiz

2. Project

   Design a motor-perceptual court. Bare minimum:

   a. 2-D plot of total court. Dimensions: 50' X 100'
   b. Four original designs for equipment. (The rest of the equipment may be "standard.")
   c. For the four: Include measurement, material, construction.
   d. List of each piece of equipment, to include:
      (1) purpose of movement, and
      (2) directions for use.

3. Field Trip to VCAR

   Two days: 50 points total.
   Two Barsch lectures: 50 points total.
   Two additional lectures: 50 points total.

4. Final Examination

   One purpose of this examination is to give the student an opportunity to integrate all he or she knows about assessment. The student may use any tests available--not only the ones discussed in this class, but those which he/she had in Diagnostic Testing, Reading, etc. A second purpose is to have the student attempt to localize anatomical areas of suspicion which correlate with any syndromes he/she finds in the child.

a. Assessment

(1) Reflexes
(see videotape, handouts, use texts: Ayres or Florentine, etc.)
(2) Gross motor
(remember generalizations, A&P, Purdue, etc.)
(3) Fine motor
(4) Ocular control
(5) Tactile-kinesthetic
(6) Vestibular-equilibrium
(7) Intra- and intermodal transfer
(V-V, A-V, T-K-V, T-K-A)
(8) Auditory
Discrimination: gross sounds, speech sounds, words sequencing, blending, closure
(9) Visual
Discrimination: shape, color, letters, words sequencing, memory, Frostig, ITPA
(10) Conceptualization
Sort, match to sample, same-different, conservation
(11) Body image
(12) Spatial relations--Frostig
(13) Body in space
(14) Reproduction graphics: lines, forms, letters, words
(15) Dominance: laterality, directionality, bilaterality
(16) Attention

b. Write up results

(1) Introductory material on child's background
(2) Areas of strengths and weaknesses
(3) Relationship of child to age norms

c. Include in write-up

(1) Plans for program for child and predictions
(2) Include the anatomical sites involved in the child's profile and reason for saying this, i.e., strong and weak areas and some statement as to hemispheric functioning

Note: The student should remember to break problem areas into components to parcel out the trouble (e.g., stimulus, response, and direction components; modalities very important).

Suggested Texts and Materials:

Ayres, A. Jean. Sensory Integration and Learning Disorders. Los Angeles, California: Western Psychological Services, 1972.

Barsch, Ray H. Achieving Perceptual-Motor Efficiency. Perceptual Motor Curriculum, Volume I. Seattle, Washington: Special Child Publications, 1967.

Supplementary Readings:

Arena, John I., Editor. Teaching Through Sensory-Motor Experiences. San Rafael, California: Academic Therapy Publications, 1969.

Barsch, Ray H. Enriching Perception and Cognition. Perceptual Motor Curriculum Series: Volume II. Seattle, Washington: Special Child Publications, 1969.

Kephart, Newell. Slow Learner in the Classroom. Second edition. Columbus, Ohio: Charles E. Merrill Publishing Co., Division of Bell and Howell Company, 1971.

Anthony, E. James. "'It Hurts Me More Than It Hurts You'--An Approach to Discipline as a Two-Way Process," From Learning for Love to Love of Learning, pp. 117-131, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Ashton-Warner, Sylvia. Teacher. New York: Simon & Schuster, Inc., 1971.

Baldwin, A. L. Theories of Child Development. New York: John Wiley & Sons, Inc., 1967.

Bateman, Barbara D. "Educational Implications of Minimal Brain Dysfunction," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 674-681. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Bender, Lauretta. "Problems in Conceptualization and Communication in Children with Developmental Alexia," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 528-548. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Berkowitz, Morton I. A Primer on School Mental Health Consultation. Springfield, Illinois: Charles C. Thomas, Publisher, 1975.

Bettelheim, Bruno. Love Is Not Enough. New York: Free Press, Distributed by: Macmillan Co., 1950.

________. "The Education of Emotionally and Culturally Deprived Children," From Learning for Love to Love of Learning, pp. 235-244, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Bower, Eli M. Early Identification of Emotionally Handicapped Children in School. Springfield, Illinois: Charles C. Thomas, Publisher, 1960.

Bruner, Jerome S., et al. Studies in Cognitive Growth. New York: John Wiley & Sons, Inc., 1966.

Carroll, John B. Language and Thought. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.

Chall, Jeanne S. Learning to Read: The Great Debate. New York: McGraw-Hill Book Co., 1967.

Combs, Arthur W., and Donald Snygg. Individual Behavior. Revised edition. New York: Harper & Row Publishers, Inc., 1959.

Cruickshank, W., and D. Hallahan. Perceptual and Learning Disabilities in Children. Syracuse, New York: University Press, 1975.

DeGenaro, Jennie J. "Informal Diagnostic Procedures: 'What Can I Do Before the Psychometrist Arrives?'," Journal of Learning Disabilities, Volume VIII, No. 9 (November, 1975), pp. 24-30.

De Hirsch, Katrina. "Concepts Related to Normal Reading Processes and Their Application to Reading Pathology," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 517-527. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Dunn, L. Exceptional Children in the Schools. New York: Holt, Rinehart & Winston, Inc., 1973.

Ekstein, Rudolf. "The Learning Process: from Learning for Love to Love of Learning," From Learning for Love to Love of Learning, pp. 95-99, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

________. "A Tribute to Anne Sullivan Macy: A Great Teacher of Discipline," Ibid., pp. 132-137.

Fader, Daniel N., and Elton B. McNeil. Hooked on Books: Program and Proof. New York: Berkeley Publishing Corp., Affiliate of G. P. Putnam's Sons, 1968.

Forness, Steven. "Educational Approaches with Hyperactive Children," The Hyperactive Child: Diagnosis, Management, Current Research, pp. 159-172. Edited by Dennis P. Cantwell. New York: Halsted Press, Division of John Wiley & Sons, Inc., 1975. Volume I.

Freud, Anna. "The Relation Between Psychoanalysis and Pedagogy," Conflict in the Classroom: The Education of Emotionally Disturbed Children, pp. 159-163. Edited by Nicholas J. Long, et al. Belmont, California: Wadsworth Publishing Company, Inc., 1971.

Friedman, Robert, Editor. Family Roots of School Learning and Behavior Disorders. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Friedman, Robert, and David Meltzer. "Family Factors in Learning Disability," Ibid., pp. 45-64.

Frostig, Marianne, and Phyllis Maslow. Learning Problems in the Classroom: Prevention and Remediation. New York: Grune & Stratton, Inc., 1973.

Frostig, Marianne, and Russel E. Orpet. "Cognitive Theories and Diagnostic Procedures for Children with Learning Difficulties," Manual of Child Psychopathology. Edited by Benjamin B. Wolman. New York: McGraw-Hill Book Co., 1972.

Gibson, James J. The Perception of the Visual World. Westport, Connecticut: Greenwood Press, Inc., 1974.

Glasser, William. Schools Without Failure. Perennial Library edition. New York: Harper & Row, Publishers, Inc., 1975.

Goins, J. T. Visual Perceptual Abilities and Early Reading Progress. Chicago, Illinois: University of Chicago Press.

Goldstein, Kurt. "Functional Disturbances in Brain Damage," American Handbook of Psychiatry, pp. 770-794. Edited by Arieti Silvano. New York: Basic Books, Inc., 1959. Volume I.

Gregory, Richard L. Eye and Brain: The Psychology of Seeing. Second edition. New York: McGraw-Hill Book Co., 1973.

Hall, Edward T. The Silent Language. New York: Doubleday & Co., Inc., 1973.

Heinicke, Christoph M. "Learning Disturbances in Childhood," Manual of Child Psychopathology. Edited by Benjamin B. Wolman. New York: McGraw-Hill Book Co., 1972.

Henle, Paul, Editor. Language, Thought and Culture. Ann Arbor, Michigan: University of Michigan Press, 1958.

Hewett, Frank M. The Emotionally Disturbed Child in the Classroom. Boston: Allyn & Bacon, Inc., 1968.

Hewett, Frank M., and Steven R. Forness. Education of Exceptional Learners. Boston: Allyn & Bacon, Inc., 1974.

Hildum, Donald C. Language and Thought. New York: Van Nostrand Reinhold Co., Division of Litton Educational Publishing, Inc., 1967.

Hill, John C. "The Unconscious Mind," Teaching and the Unconscious Mind, pp. 37-47. New York: International Universities Press, Inc., 1971.

________. "The Unconscious Mind in Teaching," From Learning for Love to Love of Learning, pp. 76-94, by Rudilf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Hochberg, Julian. Perception. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.

Holt, John. How Children Learn. New York: Dell Publishing Co., Inc., 1972.

Jackson, Philip W. Life in Classrooms. New York: Holt, Rinehart & Winston, Inc., 1968.

Kubie, Lawrence S. "How Can the Educational Process Become a Behavioral Science?," From Learning for Love to Love of Learning, pp. 245-260, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Mackworth, Jane F. "Some Models of the Reading Process: Learners and Skilled Readers," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 485-516. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Mailey, Bonnie Lee. "School Liaison and Field Services," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 243-252. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Miller, Paul. Sense and Symbol. New York: Harper & Row Publishers, Inc.

Mueller, Conrad G. Sensory Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1965.

Myklebust, Helmer R. "Learning Disorders--Psychoneurological Disturbances in Childhood," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 257-269. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Patterson, Gerald R., and M. Elizabeth Gullion. Living with Children: New Methods for Parents and Teachers. Champaign, Illinois: Research Press Co., 1973.

Pearson, Gerald H. J. "A Survey of Learning Difficulties in Children," Psychoanalytic Study of the Child. Volume VII (1952), pp. 322-386.

Piers, Maria W. "Play and Mastery," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 617-624. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Rawson, Margaret B. Developmental Language Disability: Adult Accomplishments of Dyslexic Boys. Baltimore, Maryland: Johns Hopkins Press, 1968.

Redl, Fritz. "Management of Discipline Problems in Normal Students," From Learning for Love to Love of Learning, pp. 138-146, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Rogers, Carl. Freedom to Learn: A View of What Education Might Become. Columbus, Ohio: Charles E. Merrill Publishing Co., 1969.

Rosenthal, Robert, and Lenore Jacobson. Pygmalion in the Classroom: Teacher Expectation and Pupil's Intellectual Development. New York: Holt, Rinehart & Winston, Inc., 1968.

Sapir, Selma G. "Learning Disability and Deficit Centered Classroom Training," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 660-673. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Ann C. Nitzburg, Editors. Children with Learning Problems: Readings in a Developmental-Interaction Approach. New York: Brunner/Mazel, Inc., 1973.

Sapir, Selma G., and Bernice Wilson. "A Developmental Scale to Assist in the Prevention of Learning Disability," Ibid., pp. 606-612.

Schell, Leo, and Paul Burns, Editors. Remedial Reading. Boston, Massachusetts: Allyn & Bacon, Inc.

Shapiro, Edna, and Barbara Biber. "The Education of Young Children: A Developmental-Interaction Approach," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 682-709. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Sheviakov. George V. "Some Reflections on the Problem of Discipline," From Learning for Love to Love of Learning, pp. 152-154, by Rudolf Ekstein and Rocco L. Motto. New York: Brunner/Mazel, Inc., 1969.

Silberman, Charles E. Crisis in the Classroom: The Remaking in American Education. New York: Random House, Inc., 1970.

Smith, Robert M. Clinical Teaching: Methods of Instruction for the Retarded. New York: McGraw-Hill Book Co., 1974.

Spencer, Peter. Reading Reading. Claremont, California: College Press.

Spitz, René A. "Fundamental Education: The Coherent Object as a Developmental Model," Play and Development, pp. 43-63. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Vernon, Magdalen D. Experiments in Visual Perception. New York: Penguin Books, Inc.

________. Psychology of Perception. New York: Penguin Books, Inc., 1962.

Vygotsky, Lev S. Thought and Language. Cambridge, Massachusetts: M.I.T. Press, 1962.

Salzer, Stanley, Julius B. Richmond, and Theodore DeBuno. "Epidemiology and Disordered Learning," Advocacy for Child Mental Health, pp. 46-67. Edited by Irving N. Berlin. New York: Brunner/Mazel, Inc., 1975.

Weil, Annemarie P. "Children with Minimal Brain Dysfunction: Diagnostic, Dynamic and Therapeutic Considerations," Children with Learning Problems: Readings in a Developmental-Interaction Approach, pp. 551-568. Edited by Selma G. Sapir and Ann C. Nitzburg. New York: Brunner/Mazel, Inc., 1973.

Williams, Frank S. "The Family Approach to Psychoeducational Treatment in the Preschool Setting," Family Roots of School Learning and Behavior Disorders, pp. 163-176. Edited by Robert Friedman. Springfield, Illinois: Charles C. Thomas, Publisher, 1973.

Wolff, Peter H. "Operational Thought and Social Adaptation," Play and Development, pp. 28-42. Edited by Maria W. Piers. New York: W. W. Norton & Company, Inc., 1972.

Wolman, Benjamin B., Editor. Manual of Child Psychopathology. New York: McGraw-Hill Book Co., 1972.

Wood, Mary Margaret. "Services to Parents," Developmental Therapy: A Textbook for Teachers as Therapists for Emotionally Disturbed Young Children, pp. 253-262. Edited by Mary M. Wood. Baltimore, Maryland: University Park Press, 1975.

Wyburn, G. M., et al., Editors. Human Senses and Perception. Buffalo, New York: University of Toronto Press, 1964.

Course Title: THE SEVERELY DISTURBED ADOLESCENT - MS

Outline of Course Content:

I. DEVELOPMENT IN MIDDLE CHILDHOOD (6-12)

  A. Physical Development
  B. Cognitive Activities
  C. Piaget's Theory of Intellectual Development
  D. Adjustment to School
  E. Relations with Peers
  F. Relations with Family
  G. Sex-Role Identification
  H. Development of Moral Standards
  I. Psychological Problems of Middle Childhood

II. DEVELOPMENT OF ADOLESCENCE

  A. Age of Transition
  B. Physical Development
  C. Transition in Emotionality
  D. Development in Socialization and Sexuality
    1. Social influence: Black; feminine viewpoints
  E. The Adolescent and His Family
  F. Acting-Out Adolescent: Sexual, Drugs, Delinquency
  G. Psychoses in Adolescence
  H. Delinquency

Methods of Evaluation:

1. Midterm examination

2. Final examination

3. Paper analyzing your own adolescence

4. Presentation of family therapy

5. Paper on topic chosen by student

Required Texts and Materials:

Byrd, Oliver E. Medical Readings on Drug Abuse. Reading, Massachusetts: Addison-Wesby Publishing Company, 1970.

Caplan, Gerald, and Serge Lebovici, Editors. Adolescence: Psychosocial Perspectives. New York: Basic Books, Inc., 1969.

Castaneda, Carlos. The Teachings of Don Juan: A Yaqui Way of Knowledge. Berkeley, California: University of California Press, 1968.

Fort, Joel. The Pleasure Seekers: The Drug Crisis, Youth and Society. New York: Bobbs-Merril Co., Inc., 1969.

Developmental Psychology Today. Del Mar, California: CRM Books, 1971.

Gochros, Harvey L., and Leroy G. Schultz, Editors. Human Sexuality and Social Work. New York: Association Press, 1972.

Goethals, George W., and Dennis S. Klos. Experiencing Youth: First-Person Accounts. Boston, Massachusetts: Little, Brown and Company, 1970.

Green, Hannah. I Never Promised You a Rose Garden. New York: Holt, Rinehart & Winston, Inc., 1964.

Otto, Herbert A., Editor. The New Sexuality. Palo Alto, California: Service and Behavior Books, Inc., 1971.

Reuben, David. Everything You Always Wanted to Know About Sex but Were Afraid to Ask. New York: Bantam Books, Inc., 1971.

Other Sources:

Balser, B. H., Editor. Psychotherapy of the Adolescent. New York: International Universities Press, Inc., 1959.

Blos, Peter. On Adolescence. New York: The Free Press of Glencoe, 1962.

Caplan, Gerald, and Serge Lebovici. Adolescence: Psychosocial Perspectives. New York: Basic Books, Inc., 1969.

Esman, A. H., Editor. The Psychology of Adolescence: Essential Readings. New York: International Universities Press, Inc., 1975.

Feinstein, Sherman C., and Peter L. Giovacchini. Adolescent Psychiatry. New York: Jason Aronson, Inc., 1971-1976. Volumes I, II, III, IV, and V.

Group for the Advancement of Psychiatry. Normal Adolescence: Its Dynamics and Impact. New York: Charles Scribner's Sons, 1968.

Holmes, D. J. The Adolescent in Psychotherapy. Boston: Little, Brown and Company, 1964.

Josselyn, Irene M. The Adolescent and His World. New York: Family Service of America, 1959.

________. Adolescence. New York: Harper and Row Publishers, Inc., 1971.

Keniston, Kenneth. The Uncommitted. New York: Harcourt, Brace and World, Inc. 1965.

________. Young Radicals. New York: Harcourt, Brace and World, Inc., 1968.

________. "Youth As a Stage of Life," Adolescent Psychiatry. Volume I: Developmental and Clinical Studies, pp. 161-175. Edited by Sherman C. Feinstein, Peter L. Giovacchini, and Arthur A. Miller. New York: Basic Books, Inc., 1971.

________. "Youth and Its Ideology," American Handbook of Psychiatry. Second edition. New York: Basic Books, Inc., 1974. Volume I, pp. 399-428.

Schoolar, Joseph C., Editor. Current Issues in Adolescent Psychiatry. New York: Brunner/Mazel, Inc., 1973.

Course Title: COUNSELING EXCEPTIONAL CHILDREN AND PARENT
(INDIVIDUAL AND GROUP) - MS

Outline of Course Content:

- I. COUNSELING vs. PSYCHOTHERAPY
- II. ROLE OF THE THERAPIST
- III. INDIVIDUAL vs. GROUP PSYCHOTHERAPY
- IV. GROUP PSYCHOTHERAPY
    - A. Composition/Group Process
    - B. Selection of Clients
    - C. Group Recording
- V. VARIOUS GROUP METHODS
- VI. SOCIOANALYSIS
    - A. Psychodrama
    - B. Role Training
- VII. ADJUNCTIVE TREATMENT METHODOLOGY
- VIII. CLASSROOM GROUP MANAGEMENT
- IX. DIAGNOSTIC GROUPINGS
- X. PERSONAL AWARENESS
- XI. TERMINATION

Methods of Evaluation:

1. Individual Assignment

Each student is involved in a therapeutic individual relationship with one child for approximately a ten-week period--minimum of one hour per week (preferably twice weekly). One is looking primarily for the student's observational skills and identifiable themes that emerge that are relevant to individual/group theory and practice. Each student will be under direct supervision. Written summary of

each week's session is required. Discussion of various issues and techniques will be discussed in class on an ongoing basis. (Include process recording once a month.)

2. Read The Little Prince

   In terms of the student's own personal experiences, relationships (family, school, work), and readings, he/she relates the story and messages of this fable into a "mini-self-analysis" which may affect his/her own style as a helping person. Limit to three to five pages, typewritten.

3. Take-Home Final

   The final assignment is an attempt to bring individual and group concepts of psychotherapy, human behaviors, and the student's own personal style together. The student is to use his/her own primary texts, class lecture material, bibliography, personal bias, and observations on the Children's Treatment Center (or other observed human services settings), and with reference to the DSM II of Mental Disorders: The student selects a diagnosis and describes, taking three cases, one of which may be his/her own one-to-one case, presenting briefly and looking for similar family dynamics, social dynamics, and group (peer) relationships. What inferences can be made regarding individual and group psychotherapy (i.e., what position may these children take in group)? What methodology would you feel would be appropriate? Why? Limit to five to seven pages, typewritten, footnoted. Bibliography required with a minimum of six resources.

4. Small Group Assignments

   Observe and/or co-lead a small group (work nature of psychotherapeutic). Who emerged as leader, scapegoat? Analyze group process. What do you need to be aware of in individuals during the group (in process) and after that group? Note group method used--skills of leader (or awareness of your own leadership pro's/con's). Limit to two pages, typewritten.

5. Laboratory

   a. Nonnegotiable laboratory

      The laboratory is an experimental human relations lab designed to increase interpersonal skills, self-awareness, and competence as well as exposing participants to various group techniques and exercises. Laboratory group will meet outside of the classroom for a minimum of twenty-four hours and a maximum of thirty hours.

(1) Must attend entire laboratory. Exceptions to this will be made by majority decision of the laboratory group and then for only up to four hours.

(2) Must begin the laboratory group with a minimum twelve-hour session. The other required hours can be broken down any way the group wishes.

(3) Must present reaction, written or otherwise creative, at the end of the laboratory experience--during the two- to four-hour follow-up approximately one week later.

b. Negotiable laboratory

(1) After the first twelve hours of laboratory, meeting time is negotiable.

(2) Laboratory meeting place is regotiable (not in class or participant's apartment or home).

c. Suggested laboratory types

(1) Nonresidential human relations laboratory

(a) Bring lunches, returning home at night
(b) Saturday, 9:00 a.m. to 9:00 p.m. (twelve hours)
(c) Sunday, 9:00 a.m. to 9:00 p.m. (twelve hours)
(d) Approximately one week later, a two- to four-hour follow-up

(2) Residential human relations laboratory

(a) Bring lunches, "chip in for meals," (potluck weekend)
(b) Saturday, 9:00 a.m. to 1:00 a.m. (sixteen hours)
(c) Sunday, 9:00 a.m. to 4:00 p.m. (seven hours)
(d) Approximately one week later, a two- to four-hour follow-up

d. Course grade

(1) The Little Prince paper	10%
(2) Individual Assignment	20%
(3) Small Group Assignment	20%
(4) Take-Home Final	30%
(5) Class Participation	20%

Suggested Texts and Materials:

INDIVIDUAL COUNSELING:

Agel, Jerome, Editor. *The Radical Therapist*. New York: Ballantine Books, Inc., 1973.

Bry, Adelaide, Editor. *Inside Psychotherapy*. New York: Basic Books, Inc., 1972.

Chessick, Richard. *Why Psychotherapists Fail*. New York: Jason Aronson, Inc., 1971.

De Mille, Richard. *Put Your Mother on the Ceiling: Children's Imagination Games*. New York: Viking Press, Inc., 1973.

De Saint-Exupery, Antoine. *The Little Prince*. New York: Harcourt Brace Jovanovich, Inc., 1973.

Downing, George. *Massage Book*. New York: Random House, Inc., 1972.

Franck, Frederick. *Zen of Seeing*. New York: Random House, Inc., 1973.

Gardner, Richard. *Therapeutic Communication with Children: Mutual Storytelling Technique in Child Psychotherapy*. New York: Jason Aronson, Inc., 1971.

Glasser, William. *Reality Therapy*. New York: Harper & Row Publishers, Inc., 1965.

Goffman, Erving. *Presentation of Self in Everyday Life*. New York: Doubleday & Co., Inc., 1959.

Gordon, Thomas. *Parent Effectiveness Training*. New York: Peter H. Wyden, Inc., 1970.

Graziano, Anthony M., Editor. *Behavior Therapy with Children*. Chicago: Aldine Publishing Co., 1971.

Janov, Arthur. *The Primal Scream*. New York: Dell Publishing Co., Inc., 1971.

Keen, Sam. "Janey and Primal Therapy 'The Screaming Cure'," *Psychology Today*. Vol. 5, No. 9 (February 1972), pp. 43-46.

Kramer, Edith. *Art As Therapy with Children*. New York: Schocken Books, Inc., 1972.

INDIVIDUAL COUNSELING (Continued):

MacKinnon, Roger A., and Robert Michels. *Psychiatric Interview in Clinical Practice*. Philadelphia: W. B. Saunders Co., 1971.

Masserman, Jules H. *Handbook of Psychiatric Therapies*. New York: Jason Aronson, Inc., 1973.

Moustakas, Clark. *Children in Play Therapy*. New York: Ballantine Books, Inc., 1974.

Perls, Frederick S. *Gestalt Therapy Verbatim*. New York: Bantam Books, Inc., 1971.

________. *In & Out of the Garbage Pail*. New York: Bantam Books, Inc., 1972.

Viscott, David S. *[illegible] Making of a Psychiatrist*. New York: Fawcett World Library, 1974.

Wood, John T. *How Do You Feel? A Guide to Your Emotions*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1974.

GROUP COUNSELING:

Alcoholics Anonymous. New York: Alcoholics Anonymous World Services, Inc., 1955 (1963).

Almond, Richmond. *The Healing Community: Dynamics of the Therapeutic Milieu*. New York: Jason Aronson, Inc., 1974.

Back, Kurt W. *Beyond Words: The Story of Sensitivity Training & the Encounter Movement*. Russell Sage Foundation, 1972.

Berne, Eric. *Principles of Group Treatment*. New York: Oxford University Press, Inc., 1966.

Edelson, Marshall. *Practice of Sociotherapy: A Case Study*. New Haven, Connecticut: Yale University Press, 1970.

Goffman, Erving. *Encounters: Two Studies in the Sociology of Interaction*. New York: Bobbs-Merrill Co., Inc., 1961.

Harris, Thomas A. *I'm OK - You're OK*. New York: Avon Books, 1973.

GROUP COUNSELING (Continued):

Haskell, Martin R. *The Psychodramatic Method*. Long Beach, California: The California Institute of Socioanalysis, 1967.

Howard, Jane. *Please Touch*. New York: Dell Publishing Co., Inc., 1971.

Konopka, Gisela. *Social Group Work: A Helping Process*. Second edition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.

Leedy, Jack J., Editor. *Poetry Therapy: The Use of Poetry in the Treatment of Emotional Disorders*. New York: J. B. Lippincott Co., 1969.

Lewis, Howard, and Harold Streitfeld. *Growth Games*. New York: Bantam Books, Inc., 1972.

Low, Abraham A. *Mental Health Through Will-Training*. Nineteenth edition. North Quincy, Mass.: Christopher Publishing House (Mass), 1974. (Founder of Recovery, Inc.)

Mann, John, and Herbert A. Otto, Editors. *Ways of Growth. Approaches to Explaining Awareness*. New York: Viking Press, Inc., 1969.

Otto, Herbert A. *Group Methods to Actualize Human Potential*. Beverly Hills, California: Holistic Press, 1973.

Rogers, Carl R. *Carl Rogers on Encounter Groups*. New York: Harper & Row, Publishers, Inc., 1970.

________. "The Group Comes of Age," *Psychology Today*, Vol. 3, No. 7 (December 1969), pp. 27-31.

Rose, Sheldon D. *Treating Children in Groups: A Behavioral Approach*. San Francisco: Jossey-Bass, Inc., Publishers, 1972.

Ross, Anthony L., Martin J. Thommes, Terry Van Orshoven, and Layne A. Longfellow. "The Feel Wheel," *Psychology Today*, Vol. 5, No. 12 (May 1972), pp. 45-52.

Ruitenbeek, Hendrik M. *New Group Therapies*. New York: Avon Books, 1970.

Sargent, S. Stansfeld, and Kenneth R. Stafford. *Basic Teachings of the Great Psychologists*. New York: Doubleday & Co., Inc., 1965.

GROUP COUNSELING (Continued):

Scheflen, Albert E. Body Language and the Social Order: Communication as Behavioral Control. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

Schultz, William C. Here Comes Everybody: Body - Mind & Encounter Culture. New York: Harper & Row, Publishers, Inc., 1972.

________. Joy. New York: Ballantine Books, Inc., 1973.

Siroka, Robert W., Ellen K. Siroka, and Gilbert A. Schloss, Editors. Sensitivity Training and Group Encounter. New York: Grosset's Universal Library, 1971.

Yalom, Irvin D. The Theory & Practice of Group Psychotherapy. Second edition. New York: Basic Books, Inc., 1975.

Course Title: PSYCHOLOGY OF THE EXCEPTIONAL CHILD - MS

Outline of Course Content:

I. NORMAL BEHAVIOR

II. INCIDENCE AND PREVALENCE OF EACH TYPE-- AND HISTORICAL PERSPECTIVE

III. MENTAL RETARDATION

IV. JUVENILE DELINQUENCY

V. NEUROSIS

VI. PSYCHOSIS

VII. SCHIZOPHRENIA

VIII. EARLY INTANTILE AUTISM

IX. TOPICS FOR LECTURES AND DISCUSSION

A. Normal vs. Abnormal
B. Basic Personality Theory
C. Mental Retardation
D. Neurosis
E. Diagnostic Nomenclature
F. Feeding Problems
G. Toilet Training Problems
H. Psychosis
I. Childhood Schizophrenia
J. Early Infantile Autism
K. School Phobia
L. Juvenile Delinquency
M. Treatment and Prevention
N. Diagnostic Procedures

Methods of Evaluation:

1. Weekly quiz.
2. Final examination.

Methods of Evaluation (continued):

3. Paper: Historical and up-to-date review of one child (to include method of diagnosis, behavior, history, treatment, look into the future).

Suggested Texts and Materials:

Abnormal Psychology. Del Mar, California: CRM Books, 1975.

Coleman, James C. Abnormal Psychology and Modern Life. Fourth edition. Glenview, Illinois: Scott, Foresman and Company.

Kessler, Jane W. Psychopathology of Childhood. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Other Sources:

Ekstein, Rudolf. *Children of Time and Space, of Action and Impulse*. New York: Appleton-Century-Crofts, 1966.

Korchin, Sheldon J. *Modern Clinical Psychology*. New York: Basic Books Publishers, Inc., 1976.

Quay, Herbert C., and John S. Werry. *Psychopathological Disorders of Childhood*. New York: John Wiley and Sons, Inc., 1972.

Rexford, E. N., L. W. Sanders, and T. Shapiro. *Infant Psychiatry. A new Synthesis*. New Haven: Yale University Press, 1976.

Rutter, Michael. *Helping Troubled Children*. New York: Plenum Press, 1975.

Shopler, Eric, and R. J. Reichler. *Psychopathology and Child Development. Research and Treatment*. New York: Plenum Press, 1976.

Szurek, S. A., and I. N. Berlin, Editors. *Clinical Studies in Childhood Psychoses*. New York: Brunner/Muzel, Inc., 1973.

Course Title: SEMINAR: THE DEPENDENT CHILD--SOCIAL WORK - MS

Outline of Course Content:

I. SOCIAL WELFARE FROM AN HISTORICAL PERSPECTIVE

  A. Trends in U.S. Welfare Philosophy
    1. Landmark events
    2. Themes running through our history
  B. Emergence of Social Work

II. CHILD WELFARE SERVICES

  A. A.F.D.C.-Social Security
  B. Protective Services
  C. Placement
  D. Adoptions

III. SOCIAL WORK SERVICES TO CHILDREN IN RESIDENTIAL PLACEMENT

  A. Intake Procedures
    1. Student to participate on an intake
  B. Services to Families
    1. What to look for in families
      a. communication, relationships, values, socioeconomic variables
    2. Social worker's role
  C. Agency or Placement Field Trip (to be planned with students)
  D. Placement (student to work on placing specific children)

IV. OTHER SOCIAL WORK ROLES

V. POSSIBLE ROLES OF CHILD MENTAL HEALTH SPECIALISTS WITH SOCIAL WORKERS

Methods of Evaluation:

1. One-third term paper--subject to relate to some role of social work at the hospital.
2. Two-thirds class participation and fieldwork in the community.

Suggested Texts and Materials:

Readings from Social Journal, Family Services Journal, etc.

Course Title: SEMINAR: JUVENILE DELINQUENCY--PROBATION - MS

Outline of Course Content:

COURSE OBJECTIVES:

1. To provide a participatory experience in the field of juvenile justice.
2. To provide an understanding via psychological, sociological, criminological family systems concepts of the nature and extent of juvenile delinquency.
3. To provide an understanding of the juvenile justice system.
4. To provide an understanding of the law and the child.
5. To provide understanding of community resources available to children in trouble.
6. To provide an understanding of placement and its use with children.
7. To provide an opportunity for the students to begin a professional role definition as Child Mental Health Specialist in the field of juvenile justice and treatment.

Methods of Evaluation:

1. Field placements 24-26 hours per week in community agencies.
2. Agencies utilized under auspices of Ventura County Probation Department--Ventura Juvenile Court, Juvenile Hall, Colston Girls' School, Youth Services, Juvenile Probation (Oxnard and Simi Valley).
3. All students are given an option to tour Ventura School (Youth Authority), and participate in ride-along program with the Police Department.
4. Weekly Seminar.
5. Paper: "The Role of a Child Mental Health Specialist in Probation."

Suggested Texts and Materials:

Aichhorn, August. Wayward Youth. New York: The Viking Press, 1973.

Bovet, Lucien. Psychiatric Aspects of Juvenile Delinquency. Geneva: World Health Organization, 1951.

Cressey, Donald R., and David A. Ward, Editors. Delinquency, Crime and Social Process. New York: Harper & Row Publishers, Inc., 1969.

Eissler, K. R., Editor. Searchlights on Delinquency. New York: International Universities Press, Inc., 1967.

Giallombardo, Rose, Editor. Juvenile Delinquency: A Book of Readings. National Opinion Research Center, University of Chicago. New York: John Wiley & Sons, Inc., 1972.

Konopka, Gisela. Adolescent Girl in Conflict. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1966.

Rexford, Eveoleen N., Editor. Developmental Approach to Problems of Acting Out. Monographs of the Journal of the American Academy of Child Psychiatry, No. 1. New York: International Universities Press, Inc., 1966.

Robins, Lee N. Deviant Children Grown Up. Baltimore, Maryland: The Williams and Wilkins Company, 1966.

________. "Antisocial Behavioral Disturbances of Childhood: Prevalence, Prognosis, and Prospects," The Child in His Family, Volume III, pp. 447-460. Edited by E. James Anthony and Cyrille Koupernik. New York: John Wiley & Sons, Inc., 1974.

Rutter, Michael. Helping Troubled Children. New York: Plenum Press, 1975.

Szurek, S. A., and I. N. Berlin, Editors. The Antisocial Child: His Family and His Community. The Langley Porter Child Psychiatry Series, Clinical Approaches to Problems of Childhood, Volume IV. Palo Alto, California: Science and Behavior Books, Inc., 1970.

Winnicott, D. W. "The Antisocial Tendency," Collected Papers, pp. 306-315. New York: Basic Books, Inc., Publishers, 1958.

Wolff, Sula. Children Under Stress. Baltimore, Maryland: Penguin Books, Inc., 1969.

Seminar Schedule:

First Week:
1. Students given orientation to course.
2. Given framework in which to view the organization system, goals, processes, policies, and services of field placement.
3. Each student describes agency to which he or she is placed.
4. General discussion of experiences.

Second Week:
1. Reading assignments given for presentation to class.
2. Speaker: Greg Iungerman, Psychologist. Topic: The Adolescent in Community Placement.
3. Discussion of court and probation department classification system.

Third Week:
1. Reading assignments due.
2. Discussion of treatment in use and alternative treatment and programs with agencies.

Fourth Week:
1. Readings presented.
2. General discussion and course closure.

Course Title: SEMINAR: PUBLIC ADMINISTRATION - MS

Outline of Course Content:

I. PUBLIC MANAGEMENT/ADMINISTRATION

  A. Theory
  B. Practical Exposure
  C. Organization Structure
  D. Emphasis in Education and Human Services Fields
  E. Executive Board Relationship
  F. Staff Development/Motivation

II. GRANTSMANSHIP

  A. Awareness of Various Grant Proposal Formats
  B. New Federation Plan
  C. Proposal Writing
  D. Funding Source in Clinical Setting

III. SUPERVISION

  A. Theory
  B. Practical Exposure
  C. Self-evaluation
  D. Use of Volunteers

IV. POLICY FORMATION/ANALYSIS

  A. Awareness of Various Policy Issues and Measures
  B. Decision-making Process

V. JOB PREPARATION/RESUME

Objectives/Skills Anticipated:

1. Self-evaluation, insight into style in above areas as potential supervisor, administrator grantsman, job hunter.

2. Ability to recognize proposals, grant terminology, and skill in preparation process.

3. Ability to apply theory to practice through clinical exposure and class-structured experiences.

4. To become familiar with a broad array of management concepts, issues, and tasks.

Methods of Evaluation:

1. Test on grantsmanship terms. Some of the material will be covered in class, but the best preparation will be through individual study. This examination will include essay discussion of difference between grants, contracts, fellowships, and scholarships. It is suggested that the Grants text will provide assistance in preparation.

2. Preparation of a grant proposal. Each student, individually, or with one or two other students, is expected to complete a grant proposal in the area of his or her choice. This may be related to clinical setting needs, student's own area of interest, or a "mock" proposal not intended to be submitted. It is suggested that students work in groups due to the course time limitation. Guidelines need to be followed of a given funding source whether federal or private foundation.

3. Preparation of two-part organizational assignment:

   a. Organizational flowchart (matrix) of the clinical agency. Example to be given in class.

   b. The agency's stated purpose outlined as follows:

      I. PURPOSE

         A. Problems dealt with by the program (list).

         B. Stated objectives of the program and the benefits which should result from its operation.

Objectives	Benefits
(List)	(List)

   c. Why these results can be achieved (list rationale of agency).

   d. Student's observation or evaluation of actual process of meeting stated objectives in terms of noted strengths and weaknesses (statement form).

4. Personal resumé (vitae). Formats to be presented in class.

5. Participation and attendance is necessary if the material is to be covered in this short time span. Missing one or more class sessions will result in automatic drop

one grade level on final grade. Class involvement is encouraged. Some morning classes are not mandatory but will provide the student with time to work on written assignments.

Suggested Texts and Materials:

Mosky, C. Donald, and Paul H. Pietri. Management: The Art of Working With and Through People. Encino, California: Dickenson Publishing Co., 1975.

Peter, Laurence J., and Raymond Hull. Peter Principle: Why Things Always Go Wrong. New York: William Morrow and Co., Inc., 1969.

White, Virginia P. Grants: How to Find Out About Them & What to Do Next. New York: Plenum Publishing Corp., 1975.

Other Resources:

Beckhard, Richard. Organization Development--Strategies and Models. Organization Development Series. Edited by Edgar Schein, et al. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Benedetti, Eugene. California School Law. Monterey Park, California: Bonanza Publishers, 1975.

Bennis, Warren G. Organization Development: Its Nature, Origins and Prospects. Organization Development Series. Edited by Edgar Schein, et al. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Blake, Robert R., and Jane S. Mouton. Building a Dynamic Corporation Through Grid Organization Development. Organization Development Series. Edited by Edgar Schein, et al. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Castetter, W. B. Personnel Function in Educational Administration. New York: Macmillan Publishing Co., Inc., 1971.

Fulton, Lynn F., et al. Grantwriting Guide for Social Workers. Ann Arbor, Michigan: Campus Publishers, 1972.

Galbraith, Jay. Designing Complex Organizations. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1973.

Other Resources (Continued):

Jay, Anthony. Corporation Man. New York: Pocket Books, Inc., Division of Simon & Schuster, Inc., 1973.

________. Management & Machiavelli. New York: Bantam Books, Inc., 1974.

Jennings, Eugene E. Executive in Crisis. New York: McGraw-Hill Book Co., 1972.

Joyce, R. D. Encounters in Organizational Behavior: Problem Situations. Elmsford, New York: Pergamon Press, Inc., 1972.

Kimbrough, R. B. Administering Elementary Schools. New York: Macmillan Publishing Co., Inc., 1968.

Lawrence, Paul R., and Jay W. Lorsch. Developing Organizations: Diagnosis and Action. Organization Development Series. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Leavitt, Harold J. Managerial Psychology. Third edition. Chicago, Illinois: University of Chicago Press, 1972.

Ludlow, Robert, and Richard Malott. Behavioral Analysis in Business and Industry: A Total Performance System. Kalamazoo, Michigan: Behaviordelia, Inc., 1972.

Milstein, Mike, and James A. Belasco, Editors. Educational Administration and the Behavioral Sciences: A Systems Perspective. Boston, Massachusetts: Allyn & Bacon, Inc., 1973.

Miner, John B. The Challenge of Managing. Philadelphia, Pennsylvania: W. B. Saunders Co., 1975.

Peter, Laurence J. The Peter Prescription. New York: William Morrow and Co., Inc., 1974.

Roeber, Richard J. The Organization in a Changing Environment. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1973.

Rogers, Rolf E. Organizational Theory. Boston, Massachusetts: Allyn & Bacon, Inc., 1975.

Schein, Edgar H. Process Consultation: Its Role in Organization Development. Organization Development Series. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Other Resources (Continued):

Steele, Fred I. Physical Settings & Organization Development. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1973.

Walton, Richard E. Interpersonal Peacemaking: Confrontations & Third Party Consultation. Organization Development Series. Reading, Massachusetts: Addison-Wesley Publishing Co., Inc., 1969.

Course Title: CRISIS INTERVENTION - MS

Outline of Course Content:

I. CRISIS - GRIEF

II. HISTORICAL DEVELOPMENT OF CRISIS INTERVENTION

III. THE CRISIS INTERVENTION UNIT - STRUCTURE AND FUNCTION

IV. EMERGENCY TELEPHONE SERVICES

V. THE PROCESS OF CRISIS INTERVENTION

VI. DIFFERENTIATION BETWEEN PSYCHOTHERAPEUTIC TECHNIQUES

VII. GROUP THERAPY CONCEPTS IN CRISIS INTERVENTION

VIII. SOCIOCULTURAL FACTORS AFFECTING THERAPEUTIC INTERVENTION

IX. PROBLEM-SOLVING APPROACH TO CRISIS INTERVENTION

X. SITUATIONAL CRISIS (INCIDENTAL)

XI. MATURATIONAL CRISIS (DEVELOPMENTAL)

XII. FAMILY CRISIS

Methods of Evaluation:

Group Presentation:

This assignment requires much effort, motivation, and plain energy. Students are to divide into four working groups (which may be a crisis itself) and choose one of the following examples of crisis intervention methods. They are encouraged to mobilize their talents, skills, and educational know-how, and present a thorough, interesting (possibly unusual) and informative work of art. The use of audiovisual materials, tapes, and speakers is encouraged as well as

volunteer self-experience reporting, statistics/research, role playing, some lecture, and/or any other innovative way to get one's method across to the class and to the teacher. Each student and instructor is to be supplied with a statement of the method's or program's purpose and population served; also, a bibliography (including interview contacts) and a presentation outline. This should be no more than one to one and one-half hours long including discussion time. The grade will be determined by (1) comprehensiveness, (2) usefulness, and (3) interest. This will be sixty percent of the student's grade. The student picks a topic with which he or she is least familiar in order to get the feel for the process of seeking a service. Start soon--don't make this a crisis. Remember, research is the key.

Topics: (No group duplications)

Suicide Prevention
Mental Health Crisis Team
Camarillo State Hospital: Crisis Intervention; Admissions
Abortion Services
Drug Abuse Prevention Center
Hospital: Emergency Services
Health Department: Family Planning; Well-Baby Clinic;
    Services for Adolescents
Mobile Emergency Team
Legal Services
Family Crisis Program
Youth Crisis Program
Interface
Hotline
Child Abuse and Neglect Services
Homicide: Private Investigation

Participation:

Important, of course. This is two-part:

Classroom - 20%
Retreat - 20% (or, critique of Making of a Psychiatrist;
or Asylums)

Although there is no test, the Parad text is expected to be read.

Primary Text:

Parad, Howard J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Assn. of America, 1965.

Purpose of This Course:

To familiarize students with the crisis intervention concepts and services; also, to consider the various crisis situations as related to children, youth, and adults--especially family crisis.

Suggested Texts and Materials:

Aguilera, Donna C., and Janice M. Messick. Crisis Intervention: Theory and Methodology. Second edition. St. Louis, Missouri: C. V. Mosby Co., 1974.

Bowlby, John. Attachment and Loss. Volume I and II. New York: Basic Books, Inc., 1969.

Goffman, Erving. Asylums: Essays on the Social Situation of Mental Patients & Other Inmates. Garden City, New York: Doubleday & Co., Inc., 1961.

Harris, Thomas A. I'm OK - You're OK. New York: Avon Books, 1973.

Lester, David, and Gene W. Brockopp. Crisis Intervention & Counseling by Telephone. Springfield, Illinois: Charles C. Thomas, Publishers, 1973.

Lewin, Karl K. Brief Encounters. St. Louis, Missouri: Warren Green, II, 1970, pp. 99-104.

Lieb, Julian, et al. The Crisis Team: A Handbook for the Mental Health Profession. New York: Harper & Row, Publishers, Inc., 1973.

McGee, Richard K. Crisis Intervention in the Community. Baltimore, Maryland: University Park Press, 1974.

Menninger, Karl A. Man Against Himself. New York: Harcourt Brace Jovanovich, Inc., 1956.

Parad, Howard J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Assn. of America, 1965. (Primary Text.)

Parkes, Colin Murray. Bereavement: Studies of Grief in Adult Life. New York: International Universities Press, Inc., 1973.

Rosenbaum, C. Peter, and John E. Beebe, III, Editors. Psychiatric Treatment: Crisis, Clinic & Consultation. New York: McGraw-Hill Book Company, 1975.

Schiffman, Muriel. Self-Therapy: Techniques for Personal Growth. Berkeley, California: Self Therapy Press, 1967.

Specter, Gerald, and William Clairborn. Crisis Intervention. New York: Behavioral Publications, Inc., Human Sciences, Inc., 1973.

Viscott, David S. The Making of a Psychiatrist. New York: Fawcett World Library, 1974. (Or, Making of a Psychiatrist. New York: Arbor House Publishing Co., 1972.)

Wolberg, Lewis R., Editor. Short-Term Psychotherapy. New York: Grune & Stratton, 1965.

Other Sources:

Datan, Nancy, and Leon H. Ginsberg. Life Span Developmental Psychology. New York: Academic Press, 1975.

Jacobson, Gerald F. "Progress and Techniques of Intervention," American Handbook of Psychiatry. Second edition. New York: Basic Books, Inc., Publishers, 1974. Volume II, pp. 810-825.

Klein, D. C., and A. Ross. "Kindergarten Entry. A Study of Role Transition," Crisis Intervention: Selected Readings. Edited by H. J. Parad. New York: Family Service Association of America, 1965.

Langsley, Donald G., and David M. Kaplan. The Treatment of Families in Crisis. New York: Grune and Stratton, 1968.

Parad, H. J., Editor. Crisis Intervention: Selected Readings. New York: Family Service Association of America, 1965.

Other Sources:

Anthony, E. James, and Therese Benedek, Editors. Parenthood: Its Psychology and Psychopathology. Boston: Little, Brown and Company, 1970.

Barclay, Lois, and Alice Morarity. Vulnerability, Coping and Growth--From Infancy to Adolescence. New Haven: Yale University Press, 1976.

Caplan, Gerald, Editor. Prevention of Mental Disorders in Children. New York: Basic Books, Inc., 1961.

Caplan, Gerald. Support Systems and Community Mental Health. New York: Behavioral Publications, 1974.

Course Title: LEARNING CHARACTERISTICS
OF THE DEVELOPMENTALLY DISABLED - MS

Outline of Course Content:

I. DESCRIPTION

Standardized materials used with exceptional children at the pre-academic and prevocational levels; developmental sequence in both skills and tasks; identification of the different modalities used in learning and their relationships to the deficits of children with learning disabilities; basic teaching skills such as shaping, fading, and reinforcement techniques are examined.

II. CLINICAL EXPECTATIONS

A. Acquaint the student with materials and techniques to work with the learning disabled and emotionally disturbed child and adolescent;
B. To facilitate the construction of materials for specific learning problems and to implement their usage.

III. TOPICS FOR LECTURE AND DISCUSSION

A. Areas of Learning
B. Modal Learning
C. Basic Skills
D. Shaping-Fading-Reinforcement
E. Discrimination Tasks
F. Labeling
G. Gross Motor
H. Fine Motor
I. Visual
J. Auditory
K. Conservation
L. Original Materials

Methods of Evaluation:

1.	Weekly quiz -	100 points
2.	Construction of one learning disability material -	100 points
3.	Class presentation -	120 points

Suggested Texts and Materials:

Barsch, Ray H. *Achieving Perceptual Motor Efficiency*. (Perceptual Motor Curriculum, Volume I.) Seattle, Washington: Special Child Publications, 1967.

________. *Enriching Perception and Cognition*. (Perceptual Motor Curriculum Series, Volume II.) Seattle, Washington: Special Child Publications, 1969.

Cruickshank, William M. *Psychology of Exceptional Children and Youth*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1955.

Darling, Frederick. *Brain Mechanisms Underlying Speech and Language*. New York: Grune and Stratton, 1967.

Early, George. *Perceptual Training in the Curriculum*. Columbus, Ohio: Charles E. Merrill Publishing Company, 1969.

Frostig Program for the Development of Visual Perception, Teachers Manual. Chicago: Follette Educational Corporation, 1964.

Johnson, Doris J., and Helmer R. Myklebust. *Learning Disabilities: Educational Principles and Practices*. New York: Grune and Stratton, 1967.

Long and Newman. *The Teachers' Handling of Children in Conflict*. Bulletin of the School of Education, Indiana University. Bloomington, Indiana: Division of Research and Field Services, Indiana University, July, 1961.

Orem, R. Calvert, Editor. *Montessori and the Special Child*. New York: G. P. Putnam's Sons, 1969.

Piaget, Jean. *The Mechanisms of Perception*. New York: Basic Books, Inc., 1969.

Valett, Robert E. *Remediation of Learning Disabilities: A Handbook of Psychoeducational Resource Programs*. Belmont, California: Fearon Publishers, Inc., 1974.

Van Riper, Charles. *Speech Correction: Principles and Methods*. Fifth edition. Englewood Cliffs, New Jersey, 1972.

Van Riper, Charles, and Katherine Butler. *Speech in the Elementary Classroom*. New York: Harper and Row Publishers, Inc., 1955.

Wyatt, Gertrude. *Language Learning and Communication Disorders in Children*. New York: Free Press, Distributed by: Macmillan Company, 1969.

Suggested Journals:

American Journal of Mental Deficiency

American Association of Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Academic Therapy, an Interdisciplinary Journal

P.O. Box 899
1539 Fourth Street
San Rafael, California 94901

Exceptional Children, Official Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

International Journal of Child Psychiatry & Human Development

Behavioral Publications, Inc.
72 Fifth Avenue
New York, New York 10011

International Journal of Mental Health

International Arts & Sciences Press, Inc.
901 North Broadway
White Plains, New York 10603

Mental Retardation

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Suggested Journals: (continued)

Teaching Exceptional Children, A Journal of The Council for Exceptional Children

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia

ALTERNATIVE COURSES:

PLAY THERAPY

MEDICAL ASPECTS OF CHILD MANAGEMENT

Course Title: SEMINAR IN PLAY THERAPY - MS

Outline of Course Content:

I. STUDENT'S CLINICAL WORK AND EVALUATION

Student chooses child, reports on reason of choice of particular child, gives justification for indication of play therapy and how he plans first encounter with the child and introducing child to playroom, and gives description of own motivation.

Students team up with an "observer."
Therapist and observer alternate.
Observation notes.
Report on discussion between team (could be taped).

II. EVALUATION OF STUDENT

Evaluation of student is based on observation of play therapy session by a faculty member.

III. CLINICAL REQUIREMENT

Student sees child in therapy session two times weekly for eight weeks.

> Written therapy notes are required on each session (as observer and therapist).

Each "team" (therapist/observer) is requested to present sessions once during the term, which will be evaluated.

> Main value will be attributed to student's sensitivity towards the child, culminated by establishment of a relationship with the child.
>
> Also, participation during discussion periods, sensitivity towards peers.
>
> The therapy notes on the first three sessions should be turned in immediately. A self-evaluation of the student should be attached stating his feelings about himself as a therapist and what he considers his strongest and weakest points where he would like some help.

At the end of the term a resumé of the entire therapy period should be turned in with a copy for the child's record.

Reading of the text: Play Therapy, by Virginia M. Axline, is required as a base; however, additional reading from the reading list or new publications on play therapy will be helpful to the student.

Instructor will be available for individual consultation before each class session. In case student desires it, he or she should make an appointment with instructor.

Suggested Texts and Materials:

Axline, Virginia M. Dibs: In Search of Self. New York: Houghton Miffin Co., 1965.

________. Play Therapy. Revised edition. New York: Ballantine Books, Inc., Division of Random House, Inc., 1969.

Bender, Lauretta. "Play Therapy," American Journal of Orthopsychiatry. Volume XXV (October, 1955), pp. 761-770.

Freud, Anna. Introduction to Psychoanalysis: Lectures for Child Analysts and Teachers, (1922-1935). (Writings of Anna Freud Series.) New York: International Universities Press, Inc., 1974. Volume I.

________. Normality and Pathology in Childhood: Assessments of Development. (Writings of Anna Freud: Volume VI.) New York: International Universities Press, Inc., 1966.

Hartley, Ruth E., et al. Understanding Children's Play. New York: Columbia University Press, 1952.

Haworth, Mary R. "Play," Child Psychotherapy: Practice and Theory, p. 3. Edited by Mary R. Haworth. New York: Basic Books, Inc., 1964.

Klein, Melanie. Psychoanalysis of Children. New York: Delacorte Press, Distributed by: Dial Press, 1975.

Rieger, Norbert I. "Alternatives to Hospitalizing Developmentally Handicapped Children for Care, Treatment and Education: Part I and Part II," 1980 Is Now: A Conference on the Future of Deaf-Blind Children. Edited by Carl E. Sherrick. Los Angeles, California: John Tracy Clinic, 1974.

Winnicott, D. W. Playing and Reality. New York: Basic Books, Inc., 1971.

Suggested Texts and Materials: (continued)

Woltman, Adolf. "Play Therapy," American Journal of Orthopsychiatry. Volume XXV (October, 1955), pp. 771-782.

Other Sources:

Bruner, Jerome S., Alison Jolly, and Kathy Sylva. Play--Its Role in Development and Evolution. New York: Basic Books, Inc., Publishers, 1970.

McDermott, John F., and Saul Harrison, Editors. Psychiatric Treatment of the Child. New York: Jason Aronson, Inc., 1976.

Schaefer, Charles. Therapeutic Use of Child's Play. New York: Jason Aronson, Inc., 1976.

Course Title: MEDICAL ASPECTS OF CHILD MANAGEMENT - MS

Outline of Course Content:

LECTURE 1: INTRODUCTION

METHODS OF EVALUATION

1. Observation
2. Questions
3. Physical examinations
4. Instruments
    a. thermometer
    b. stethoscope
    c. sphygmomanometer
    d. flashlight and tongue blade
    e. otoscope
    f. scale and tape measure
    g. percussion hammer
    h. tunning fork

LECTURE 2: NORMAL CHILD AND NORMAL VARIATIONS

1. Body form
2. Growth and development
3. Fleeting symptoms

LECTURE 3: IMMUNIZATION

1. Active
2. Passive
3. Tests

LECTURE 4: VOMITING, DIARRHEA, AND CONSTIPATION

LECTURE 5: ALLERGY

LECTURE 6: POISONINGS

1. Acute
2. Chronic

LECTURE 7: ACCIDENTS, INJURIES

1. Cuts
2. Fractures and sprains
3. Burns

LECTURE 8: SHOCK, SUNBURN, SUNSTROKE, FROSTBITE, INSECTS AND SNAKEBITES, SPIDERS, STINGRAYS, JELLYFISH

LECTURE 9: FOREIGN BODIES, INCLUDING CHOKING SEIZURES

LECTURE 10: SKIN PROBLEMS

LECTURE 11: WORMS AND PARASITES; T.B.

LECTURE 12: VIRAL INFECTIONS AND BACTERIA

LECTURE 13: PSYCHOPHARMACOLOGY

LECTURE 14: EXAMINATION OR QUESTIONS AND REVIEW

PLUS: EIGHT-HOUR FIRST AID COURSE

(Multi-Media card earned)

Methods of Evaluation:

1. Paper: minimum - 6 pages; maximum - 12 pages
2. Final examination: essay type

Suggested Texts and Materials:

American Academy of Pediatrics. Report of the Committee on Infectious Diseases - 1974. Evanston, Illinois: American Academy of Pediatrics, 1974.

Barness, Lewis. Manual of Pediatric Physical Diagnosis. Third edition. Chicago, Illinois: Year Book Medical Publishers, Inc., 1972.

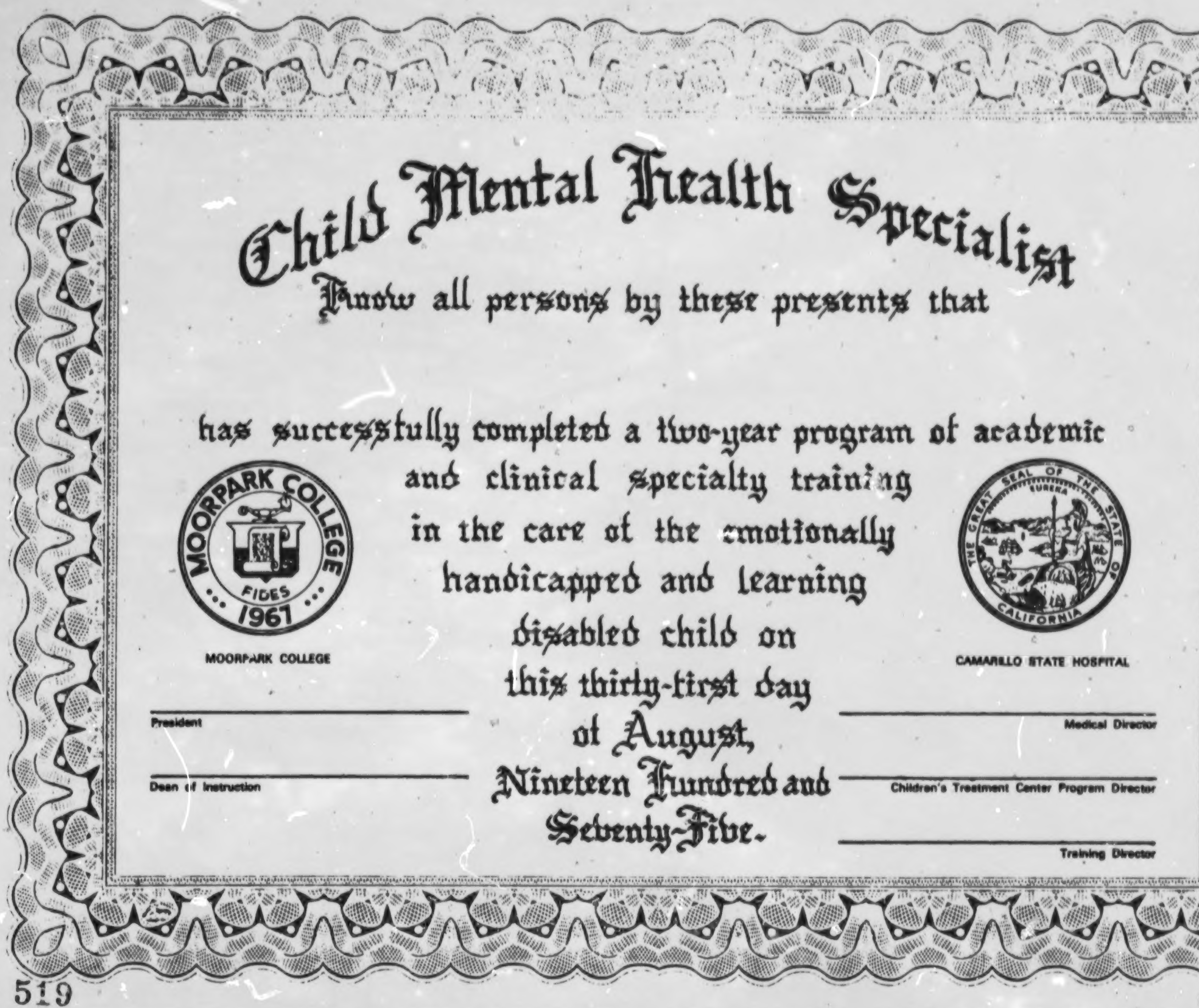
Kelley, Vincent C., Editor. Brennemann's Practice of Pediatrics. Continuous Looseleaf Service. New York: Harper & Row Publishers, Inc. Four volumes.

MacKee, G. M., and A. C. Cipollaro. Skin Diseases in Children. New York: Paul B. Hoeber, Inc., 1936.

Nelson, Waldo E., Victor C. Vaughan, and R. James McKay. Textbook of Pediatrics. Ninth edition. Philadelphia, Pennsylvania: W. B. Saunders Company, 1969.

Smith, David W. Recognizable Patterns of Human Malformation: Genetic, Embryologic and Clinical Aspects. (Major Problems in Clinical Pediatric Series: Volume VII.) Philadelphia, Pennsylvania: W. B. Saunders Company, 1970.

CHILD MENTAL HEALTH SPECIALIST CERTIFICATES



Child Mental Health Specialist

Know all persons by these presents that

has successfully completed a two-year program of academic
and clinical specialty training
in the care of the emotionally
handicapped and learning
disabled child on
this thirty-first day
of August,
Nineteen Hundred and
Seventy-Five.

MOORPARK COLLEGE

THE GREAT SEAL OF THE STATE OF CALIFORNIA

CAMARILLO STATE HOSPITAL

President

Dean of Instruction

Medical Director

Children's Treatment Center Program Director

Training Director

Child Mental Health Specialist

Certificate

This is to certify that

has successfully completed a baccalaureate program with

California Lutheran College

Thousand Oaks, California

in the area of child care and has received specialty training, working with learning disabled and emotionally disturbed children.

California Lutheran College Thousand Oaks, California

President

Dean of the College

Director of Graduate Studies

Children's Treatment Center Camarillo State Hospital

Medical Program Director

Educational Coordinator

Date ______________________

Child Mental Health Specialist
Certificate

This is to certify that

has successfully completed a graduate program with

California Lutheran College

Thousand Oaks, California

in the area of child care and has received specialty training, working with learning disabled and emotionally disturbed children.

California Lutheran College Thousand Oaks, California

____
President

____
Dean of the College

____
Director of Graduate Studies

Children's Treatment Center Camarillo State Hospital

____
Medical Program Director

____
Educational Coordinator

Date _______________________

CLINICAL CURRICULUM APPENDIX

CLINICAL CURRICULUM

A. CLINICAL/EDUCATIONAL ROTATION FORMS

B. CLINICAL DIRECTORY

CLINICAL/EDUCATIONAL ROTATION FORMS

a. Student Clinical Rotation Assignment Request Form
b. Supervisor Rotation Request Form
c. Student Clinical Assignment Notification Form
d. Student Clinical Weekly Schedule Form
e. Application for Student Teaching Form
f. Student Teaching Schedule Form
g. Clinical Directory Form

STUDENT CLINICAL ROTATION ASSIGNMENT REQUEST

Student's Name: ______________________ Semester: Fall ________

Spring ________

Summer ________

Year: ________

List previous rotation experiences:

List three rotation requests in order of preference:

1.

2.

3.

Signature ______________________

SUPERVISOR ROTATION REQUESTS

TO: Supervisors

FROM: Training Committee

RE: Clinical Rotations

Please fill out this form indicating how many students of what level you are requesting for clinical rotation. Please list names of individual students you are requesting.

Number of Students:____________

What Level:______________________________

Individual Students Requested:

____

____

____

Semester:

Year:___________

Fall__________

Spring_________

Summer________

Signature____________________________
Supervisor

STUDENT ASSIGNMENT NOTIFICATION

TO: ________________________

FROM: Training Committee

RE: Student Assignments

The following student(s) have been assigned to you for the next four-month rotation. If for some reason a student is not acceptable to you, please notify the training coordinator immediately.

Clinical rotation begins: ____

Student(s) Assigned:	Numbe[illegible]Hours Pe[illegible]ak	Program: AA, BS, MS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

STUDENT CLINICAL WEEKLY SCHEDULE

(Give activity and period of time)

Name: ____________________ Supervisor: ____________________

Rotation Period Ending: ____________ Beginning: ____________________

Total Hours: ____________

Time	Monday	Tuesday	Wednesday	Thursday	Friday

CALIFORNIA LUTHERAN COLLEGE
EDUCATION DEPARTMENT

APPLICATION FOR STUDENT TEACHING

SEMESTER BEGINNING: ______________, ___________
Month Year

1. NAME: Mr. / Mrs. / Miss ____ Date: ___________

PERMANENT ADDRESS: ____ Phone: ___________
Street City

PRESENT ADDRESS: ____ Phone: ___________
Street City

2. CREDENTIAL AND STUDENT TEACHING INFORMATION:

I am a candidate for the ________________________ Teaching Credential to be
(Elementary or Secondary)

issued ____________, ______. College major ____________________________
Month Year

Upper division credits completed _______

College minor __________________________ Credits completed ___________

3. ACADEMIC TRAINING:

I am now in my ____________________ of my ___________ year at ____________________
College or University

and I plan to graduate ____________________. My GPA for all work completed to
Date

date is _______. If not attending college full time as of this date, describe your

present occupation: ____

I have completed or am now taking the following education courses. Star (*) those in process and use separate sheet if the following space is insufficient:

Course Title	No.	Grade	Taken at	Term-Year

4. REQUEST FOR ASSIGNMENT:

Because of commitments to school districts, we reserve the right to make assignments. Specific requests for school and grade levels cannot always be honored.

Elementary School __________________________ Grade __________ Grade ______________

Secondary School __________________________ Major __________ Minor ______________
1st choice 2nd choice

5. TRANSPORTATION:

Do you have a car at your disposal?____ If "yes" and if willing to transport other student teachers, how many could ride in your car?____

6. SCHEDULE OF CLASSES - STUDENT TEACHING SEMESTER:

Below, outline your schedule for the the semester in which you will student teach. Include all classes and work hours, if any.

HOUR	COURSE/STUDENT TEACHING	COURSE CREDITS	SEMESTER

Student's Signature

FOR OFFICE USE ONLY:

7. APPROVAL BY THE TEACHER EDUCATION COMMITTEE

Authorized Signature Date

8. COMMENTS:

AOL/jb
6/14/71

STUDENT TEACHING

____

Will Student Teach in the Summer of __________

One-half day __________

Full day __________

Comments:

____

____

____

____

____

____

____

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:

Name of Supervisor:

Title of Supervisor

Office Location:

Telephone Number:

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Maximum number of students that can successfully be accommodated:

Indicate student level will take (A.A., B.S., M.S.):

Describe population student will be working with, including unit number:

Describe available learning experiences and responsibilities/expectations:

CLINICAL DIRECTORY

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CHILDREN'S TREATMENT CENTER:

Cottage--Residential 514
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Children's Hospital of Los Angeles 565
Ventura County Head Start 568
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CLINICAL ROTATION OPTIONS

The described clinical options are available to the students at all levels of the Child Mental Health Specialist Training Program including the Special Master of Science students.

Each student is expected to complete twenty hours per week for the fourteen-week semester in various disciplines, age-range populations: infants, toddlers, latency age, adolescent, and with spectrum range of disturbances: the acting out children, the schizophrenic, autistic children, as well as the medical and social problem oriented children, if possible. A well-rounded exposure to the disciplines serving children, the ages and types of problems children experience, is necessary for the students' clinical experience and training.

This directory is divided according to disciplines, special programs, and community settings.

CHILDREN'S TREATMENT CENTER

COTTAGE--RESIDENTIAL ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Cottage Milieu/Gross Motor/Sensory Integration

Name of Supervisor: Cindy Davis, B.S.

Title of Supervisor: Child Mental Health Specialist

Office Location: Unit 66 (Adolescent Program)

Telephone Number: 2566

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

--

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.):

Either A.A. or B.S. (Inappropriate for M.S.)

Describe population student will be working with, including unit number:

The population is autistic adolescent males and females on Unit 66 of the Adolescent Program. The ages range from 16 to 24 years with developmental levels from infancy to preschool. At present the population stands at 30 males and 3 females.

Describe available learning experiences and responsibilities/expectations:

Learning experiences will include working one-to-one and with groups of autistic children in daily skills class, i.e., teeth brushing, hand washing, bathing, dressing, shaving, and bed making. The program includes daily cottage routines and planning and implementing programs.

Students are expected to be dependable and willing to work. Also, student will assist with one meal a day.

Students are responsible for keeping current notes, also responsible for assigned children in gross motor program each day.

CD:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Cottage

Name of Supervisor: Reed Elliott

Title of Supervisor: Senior P.T. II
(Also have B.A. in Psychology from Antioch, Yellow Springs)

Office Location: Unit 67

Telephone Number: 2567

Indicate any special conditions (i.e., able to work p.m.s/ weekends, sex preference, have defensive driving, etc.):

Would prefer person who is willing to work p.m., but would be willing to take student on a.m. if no other available.

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.):

Any; but would prefer A.A. or B.S.

Describe population student will be working with, including unit number:

Patients are generally classed as chronic psychotic adolescents by which is meant that functionally their prognosis would anticipate hospitalization of six months to one year.

Describe available learning experiences and responsibilities/expectations:

Basic treatment modality is behavior modification oriented (level system) with increasing privileges and responsibilities. Active ongoing therapies in which students could participate are run by unit social worker (Lenore Lewis) and recreational therapist (Sandy Richman).

The social worker's groups are run four times a week for one hour using a Gestalt orientation. She also runs a psychodrama group once a week for one hour.

Supervisor: Reed Elliott

The recreational therapist has various groups run five times a week including cooking classes, arts and crafts, physical exercise, and one week off unit outing.

One-to-one work with selected patients under supervision is also available and would be of great importance to some of our patients.

RE:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Cottage

Name of Supervisor: Rosemary Mason, P.T. I

Title of Supervisor: Senior Psychiatric Technician II

Office Location: Unit 64

Telephone Number: 2564

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Would like to have a male person who can be flexible shift-wise and days off flexible if necessary. Could have driving certificate.

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.):

Any; but one who is willing to learn and work with techs. Someone who isn't idealistic but realistic.

Describe population student will be working with, including unit number:

Population of unit is 27 going towards 23 in the future. We have chronic autistic residents from age 18 to 31. We have some chronic mentally ill also. Many exhibit behavior problems.

Describe available learning experiences and responsibilities/expectations:

We have several residents on special programs. These take one-to-one at times. We are involved with gross motor daily. Treatment modality is behavior modification, and many of our residents require one-to-one attention with a student who is able to teach self-help skills. Recreational activities are planned on the basis of staffing, and a student would be a welcome addition for these purposes.

RM:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Adolescent Program - Cottage
Name of Supervisor:	Gary Ryan, A.A.
Title of Supervisor:	Child Mental Health Specialist
Office Location:	Program 5-A, Unit 65
Telephone Number:	2565

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Must work p.m.s.

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.): A.A. and B.S.

Describe population student will be working with, including unit number:

Unit 65: Short-term, acute psychotic adolescents, 16 to 18 years old, male and female, coed unit.

Describe available learning experiences and responsibilities/expectations:

Participation in Group Sessions, Recovery, Inc. and Relaxation Group.

Organize and supervise recreational activities, participation in unit milieu, team meetings, charting.

Encouraged to develop a one-to-one relationship with patient and plan appropriate treatment schedule with support of staff.

GR:ga
6-30-76

PSYCHOLOGY--EXPERIMENTAL
RESEARCH
ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Nursery School and Cottage: Total Program
Name of Supervisor:	Barbara R. Bishop, Ph.D.
Title of Supervisor:	Psychologist; Cottage Coordinator
Office Location:	Administration Building, Room 7
Telephone Number:	2510

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

--

Maximum number of students that can successfully be accommodated:

Three.

Indicate student level will take (A.A., B.S., M.S.):

Any.

Describe population student will be working with, including unit number:

Unit 568: Ages 3-8 years, both sexes. All diagnosis, primarily autistic.

Describe available learning experiences and responsibilities/ expectations:

1. Participation in preschool and kindergarten.
2. Motor-perceptual training.
3. Sign language; speech and language.
4. Self-care skills training.
5. Responsibility to coordinate total program for one child (including parents and community).
6. Expected at Team Meetings; monthly report on child.
7. Behavior modification training.

BRB:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Cottage
Name of Supervisor:	Margaret Johnson
Title of Supervisor:	Ph.D.
Office Location:	Unit 71-B
Telephone Number:	2572

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

1. Working p.m.s would be best--Monday night.
2. Male or female
3. Have defensive driving would be nice.
4. Interest in learning something about therapy and counseling.

Maximum number of students that can successfully be accommodated:

Two or three.

Indicate student level will take (A.A., B.S., M.S.):

Any level would be o.k.--if student is mature and able to work with adolescents.

Describe population student will be working with, including unit number:

Girls, age 12 to 17, primarily aggressive-unsocialized reaction to adolescence.

Describe available learning experiences and responsibilities/expectations:

Group therapy, individual therapy, one-to-one tutoring.

Participating in p.m. shift activities--physical education in afternoon and off-grounds activities in evenings.

MJ:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Educational/Clinical at the Behavior Development Center for the Autistic (School)

Name of Supervisor: Gary W. Lavigna, Ph.D.

Title of Supervisor: Staff Psychologist

Office Location: Program 5A

Telephone Number: Ext. 2530 or 2265

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Some weekends would be helpful but Monday-Friday o.k.

Maximum number of students that can successfully accommodate:

No maximum.

Indicate student level will take (A.A., B.S., M.S.):

All levels.

Describe population student will be working with, including unit number:

Units 64 and 66: Autistic adolescents and young adults.

Describe available learning experiences and responsibilities/expectations:

Closely supervised one-to-one work with autistic students.

Well-specified objectives using a discrete trial format.

Research activities.

GWL:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Experimental

Name of Supervisor: Buddy Newsom

Title of Supervisor: Staff Psychologist

Office Location: Home 6, Room 115 (Children's Learning Laboratory)

Telephone Number: 2889

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Should have defensive driving.

Maximum number of students that can successfully accommodate:

Four.

Indicate student level will take (A.A., B.S., M.S.):

Any

Describe population student will be working with, including unit number:

Severely psychotic children, primarily from 73A and B.

Describe available learning experiences and responsibilities/expectations:

Experience as a research assistant in a behavior research laboratory.

Must be able to control hyperactive, nonverbal, psychotic children, relate well to cottage staff, carry out experimental operations exactly, make intelligent observations, and be dependable.

BN:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Educational Psychologist, Unit 73A

Name of Supervisor: James H. Quigley, Ed.D.

Title of Supervisor: Staff Psychologist

Office Location: Administration Building, Children's Treatment Center

Telephone Number: 2583

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> An attempt is made to schedule each student's clinical time around the clinical schedule of the unit; therefore, students may be asked to participate in ongoing programs, in a.m., p.m., and on weekends, but always within reasonable limits.

Maximum number of students that can successfully be accommodated:

> Six.

Indicate student level will take (A.A., B.S., M.S.):

> Six students across the above-mentioned levels acceptable.

Describe population student will be working with, including unit number:

> Unit 73A--Trimodal population: Unsocialized aggressive types. Boys and girls, ages 7-14. Half of unit population approximately 12-14. Severe personality disorder types, one-fourth of unit population. Severe brain damaged and infantile autistic types, one-fourth of unit population.

Describe available learning experiences and responsibilities/expectations:

I. Clinical assistant role (assist in play and small group therapy sessions on regular basis). Includes program-wide Group Treatment Cub Scouts.

II. Supervisor of normalization activities (small and large group socialization activities; i.e., table games, creative courtyard play, bike safety, body movement training, swimming, day camp, monthly community trips, clubs).

III. Individualized activities: Each student is provided the opportunity to conduct their own activities on one-to-one or small group basis within areas of expertise unique to their background.

Expectancy sequence:

Role expectancy:

I. Observe and assist with testing where relevant.

II. Assist, when orientation complete, at activity planning and implementation levels.

III. Conduct activiries independently later in training and document patient progress, as well as report results to supervisor and at treatment team meetings.

JHQ:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Adolescent Treatment Center - Cottage
Name of Supervisor:	Peter Russell
Title of Supervisor:	Staff Psychologist
Office Location:	Program 5-A
Telephone Number:	2360

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> Defensive driving desirable, but not crucial. An occasional evening (early) may be appropriate.

Maximum number of students that can successfully be accommodated: Two to four.

Indicate student level will take (A.A., B.S., M.S.):

> Interested in all levels.

Describe population student will be working with, including unit number:

> Unit 67: Approximately thirty longer term adolescents who have a history of psychosis but who are not now psychotic.

Describe available learning experiences and responsibilities/expectations:

> Our treatment program is primarily oriented toward working with residents who are verbally responsive. We have a structured level system and rely on group and individual therapy. Psychodrama and assertion training comprise the primary modes of the groups.
>
> Students would be expected to work with residents individually and in groups. They will receive background training in both assertion training and psychodrama. Individual resources or talents of students (e.g., music) are encouraged to be applied.

PR:ga
6-30-76

RECREATIONAL THERAPY--
REHABILITATION ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Recreation Therapy - Rehabilitation
Name of Supervisor:	Bill Frick
Title of Supervisor:	Recreation Therapist (Rehab.)
Office Location:	Cottages 569A (3A) and 571A (4A)
Telephone Number:	2570 or 2571

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Available working hours: Monday - Friday: 1:30 - 9:30
Saturday and Sunday: 9:00 a.m. - 9:30 p.m.

Maximum number of students that can successfully be accommodated:

Three.

Indicate student level will take (A.A., B.S., M.S.):

A.A., B.S., M.S.

Describe population student will be working with, including unit number:

Cottages 569A (3A) and 571A (4A):

Forty boys, 12-16 years old, M.I.

Describe available learning experiences and responsibilities/expectations:

Learning Experiences:

1. Providing recreation activities for mentally ill boys.
2. Dealing with behavioral problems.

Responsibilities/Expectations:

1. Participating in activities with the boys (including trips).
2. Leadership.
3. Authority.

BF:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Recreation Therapy - Rehabilitation
Name of Supervisor:	Steve Johnson
Title of Supervisor:	Rehab. Therapist, Recreation
Office Location:	Gym and pool area, office 19
Telephone Number:	2287

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

--

Maximum number of students that can successfully be accommodated:

Two.

Indicate student level will take (A.A., B.S., M.S.):

Any level -- second year.

Describe available learning experiences and responsibilities/expectations:

Plan, supervise, and implement individual and group recreational activities and evaluate.

SJ:ga
6-30-76

SCHOOL

SPECIAL EDUCATION ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Classroom - School
Name of Supervisor:	Gary Bazzell; M.A.
Title of Supervisor:	Teacher; Child Mental Health Specialist
Office Location:	Children's Center School, Rooms 23 and 25
Telephone Number:	2892 and 2883

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

1. Must be willing to work during school hours (9:00-11:30 and 1:00-2:30).
2. Must be willing to assume responsibility for a large portion of the teaching.

Maximum number of students that can successfully be accommodated: Three

Indicate student level will take (A.A., B.S., M.S.):

A.A.(1), B.S.(1), M.S.(1) -- (Any combination)

Describe population student will be working with, including unit number:

Unit 576-B: Adolescent girls with various behavior disorders and acting-out problems.

Unit 569-B: Preadolescent boys with learning problems and associated behavior disorders.

Describe available learning experiences and responsibilities/expectations:

This rotation provides experience working in a classroom setting. The student will be expected to assist the teacher in both the implementation and planning of school activities. The student will be given the opportunity to take full responsibility of the classroom for a prearranged period of time. The student will also be expected to deal with the children on the behavioral level as well as on the academic level.

GB:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	School Rotation
Name of Supervisor:	Cathy Hook, M.S.
Title of Supervisor:	Teacher; Child Mental Health Specialist
Office Location:	Room 4, Children's Center School
Telephone Number:	2621

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

None

Maximum number of students that can successfully be accommodated: Three

Indicate student level will take (A.A., B.S., M.S.): All

Describe population student will be working with, including unit number:

Unit 75B: Acting-out adolescent girls.

Describe available learning experiences and responsibilities/expectations:

This rotation provides experience working with the girls in a classroom setting. The students are expected to make clear what type of experiences they would like in the setting that is available. There are no "set" requirements. Hopefully, the situation can be structured to meet the different needs of each student.

There is the opportunity to give diagnostic tests, set up academic programs, do group teaching of various subjects, i.e., science, social studies; and develop the techniques necessary for teaching children.

CH:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Classroom - School
Name of Supervisor:	Marilyn Kennedy; M.A.
Title of Supervisor:	Teacher; Child Mental Health Specialist
Office Location:	School Annex, Room 27
Telephone Number:	2665 or 2611

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> Important that students be able to work mornings since that is when most academic work is done. My schedule is 9:00-12:00 and 1:30-2:30 for class.
>
> Have a slight preference for male students. My boys need role models desperately.

Maximum number of students that can successfully be accommotated:

> Two--if no student teacher.
> One--if that person is student teaching.

Indicate student level will take (A.A., B.S., M.S.):

> Any--but ability to be here every morning is important.

Describe population student will be working with, including unit number:

> Unit 575-A: Highest functioning group on that cottage. Ages 12-15 years, but small and immature. Tend to have very poor social skills, poor self-control, poor frustration tolerance. Academic level: K-8th grade in reading; K-4th grade in math. Group size: 5 to 10 boys.

Describe available learning experiences and responsibilities/ expectations:

> I would expect the student to be responsible for maintaining his/her scheduled hours, to be motivated to try some of his/her own ideas in

the classroom, and to generally participate in the operation of the daily school program, including team meetings and field trips.

My classroom offers experience with all academic subjects at several grade levels, mostly individual (but some group) work, and outdoor and various special projects. My classroom operates with three overlapping behavior/reward systems which are constantly being revised to meet the needs of the kids.

MK:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Classroom - School
Name of Supervisor:	Nancy Kuberek
Title of Supervisor:	Teacher
Office Location:	School Annex, Room 24
Telephone Number:	2672

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> I would especially like to have a student in the afternoons, 1:30-2:30 p.m. A student would also be most welcome in the mornings.

Maximum number of students that can successfully be accommodated: One

Indicate student level will take (A.A., B.S., M.S.):

> A student at any of the levels would be welcome.

Describe population student will be working with, including unit number:

> Mixed population in classroom. Some boys have little expressive speech and are severely regressed in academic skills. The rest of the boys are severely disturbed but yet can function around the first-grade level and are in an individualized academic program.

Describe available learning experiences and responsibilities/expectations:

1. Group activities in circle--singing, letter recognition, discussion.
2. Table activities--puzzles, crafts, educational activities.
3. Audio-visual periods--films, filmstrips.
4. Individualized seat work--reading, handwriting, math, language, etc.--as much as each child can do effectively.
5. Art.
6. Snacks.
7. P.E., playground.

NK:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Educational - School

Name of Supervisor: John L. Lakatta

Title of Supervisor: Teacher

Office Location: Children's Center School, Room 22

Telephone Number: 2674

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> The person will be willing to work in the academic field with the children. Also, this person must be willing to do fine and gross motor coordinating skills.

Maximum number of students that can successfully be accommodated:

> One in the morning and one in the afternoon.

Indicate student level will take (A.A., B.S., M.S.):

> B.S. or M.S.--unless an A.A. student has some background in the teaching field.

Describe population student will be working with, including unit number:

> Unit 69-B: The population is all boys, ranging in age from 9 to 14 years. They are extremely acting-out boys and are capable of doing damage to anyone or anything around them. Intellectually: One group is up to grade level, the other group is a slow-learners group.

Describe available learning experiences and responsibilities/expectations:

> I will expect the student to place limits on the student. They will have to learn what is happening when the boys react in certain manners.
>
> They will be part of the fine motor program (Metronomics).
>
> They will have to help out in the gross motor program: P.E.; jump rope; ball handling; etc.
>
> They will have to help out in academic skills:
> Individual help: health science; word puzzles, etc.
> Group activities: science; math concepts; research; etc.
>
> Help in keeping the classroom in order.

JLK:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	School; Physical Education
Name of Supervisor:	E. P. Marquez
Title of Supervisor:	Elementary School Teacher and P.E. Teacher
Office Location:	Children's Center School
Telephone Number:	2487 and 2287

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Have some experience in the physical education field.

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.):

A.A. and B.S.

Describe population student will be working with, including unit number:

Unit 3-A:

Unit 572-B: Girls

Describe available learning experiences and responsibilities/expectations:

1. Take role.
2. Help evaluate, observe, and aid in supervision.
3. Be able to design or work on special remediation under the teacher's supervision.
4. Follow standard operational procedures while being able to report good or bad behavior for effective level evaluations.

EPM:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: School

Name of Supervisor: Esther Pancho

Title of Supervisor: Teacher (Home Economics)

Office Location: Children's Center School, Room 15

Telephone Number: 2292

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Able to work during the class hours of 9:00-11:00, 12:30-2:30, in one-hour-period blocks of time (e.g., 9:00-10:00 a.m.).

Maximum number of students that can successfully be accommodated:

One.

Indicate student level will take (A.A., B.S., M.S.):

Either A.A., B.S., or M.S.

Describe population student will be working with, including unit number:

Unit 71B, phone 2572:

Adolescent girls age 13-16, from aggressive acting out to withdrawn.

Academic functioning levels from 1-9th grades. Social functioning somewhat appropriate to chronological age.

Unit 71A, phone 2571:

Adolescent boys age 13-16, same as above.

Unit 69A, phone 2569:

Adolescent boys age 13-16, same as above.

(Two girls' classes; one boys' class; one co-ed class.)

Describe available learning experiences and responsibilities/expectations:

Learning Experiences:

1. Demonstration and lab method of teaching.
2. Planning units of work.
3. Daily lesson plans for theory and practice skills.
4. Handling discipline problems of acting-out teenagers.
5. Setting limits and using individual behavior modification treatment plan.
6. Follow up cottage group therapy as it relates to #5.
7. Exposure to "level system" as it relates to school and total treatment of youngsters.
8. Observing group interaction in a laboratory classroom where pupils have periods of working together in a group effort.
9. Experience in handling problems growing out of such group interaction (#8).

Responsibilities/Expectations:

1. Student will observe and be involved in planning some activities.
2. Will give teacher-made pre-, post-tests.
3. Be involved in class discussion of individual treatment plan as it relates to classroom behavior and effort.
4. May "grade" for level system.
5. Will sometimes work with individuals or small groups.
6. Time to observe or participate in cottage group meeting of a particular class.
7. Will read background on selected pupils.
8. Be involved in therapist/teacher discussion concerning particular child or incident when necessary.

EP:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Classroom - School

Name of Supervisor: Dee Press, M.A.

Title of Supervisor: Teacher; Master Teacher; Child Mental Health Specialist

Office Location: Children's Center School, Room 2

Telephone Number: 2851

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Twenty hours classroom time. Second-year students only.

Maximum number of students that can successfully be accommotated: Two

Indicate student level will take (A.A., B.S., M.S.):

B.S. and M.S.: Second-year students only by consent.

Describe population student will be working with, including unit number:

Unit 73-A:

Mornings: 8 high-functioning academic, 1-3rd grade.
Afternoons: 6 low-functioning autistics.

Describe available learning experiences and responsibilities/expectations:

Teaching techniques: reading, spelling/phonics, handwriting, cognitive skills, perceptual, fine motor skills, etc.

Discipline: group and individual.

Operant techniques.

Classroom planning, management.

Assessment and prescription. Etc.

DP:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Classroom - School

Name of Supervisor: Cindy Raney, M.A.

Title of Supervisor: Teacher; Child Mental Health Specialist

Office Location: School Annex, Room 26

Telephone Number: 2881

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

School hours: 9:00 to 11:30 a.m.; 1:00 to 2:30 p.m.

Maximum number of students that can successfully be accommodated:

Three to four.

Indicate student level will take (A.A., B.S., M.S.):

All levels.

Describe population student will be working with, including unit number:

Unit 573-A:

B-group--pre-K through 2nd grade, verbal with academic/classroom skills deficits.

Supervisor: Cindy Raney, M.A.

Describe available learning experiences and responsibilities/expectations:

1. Act as classroom aide to teacher.
2. Work directly under the supervision of the teacher.
3. Assist in program planning, assessment and evaluations.
4. Work individually with children on academic program.
5. Work with small groups (three) of children in social studies, reading, math, etc.
6. Work with entire group (eight) of children in activities such as music, exercises, games, etc.
7. Choose one child to "special" during rotation. This will include classroom programming, assessment and evaluation, input into progress notes, and, when possible, involvement with parents.

It's a fun rotation--neat kids!!!

CR:ga
6-30-76

PSYCHIATRIC SOCIAL WORK

ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Social Work
Name of Supervisor:	Betsy Bachman
Title of Supervisor:	Psychiatric Social Service Worker
Office Location:	Developmental Disabilities Section, Room 106
Telephone Number:	(805) 484-3661 - 2270

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

None. Sign language if possible, more opportunities for own programs, evenings and weekends.

Maximum number of students that can successfully be accommodated:

One.

Indicate student level will take (A.A., B.S., M.S.):

Any level.

Describe population student will be working with, including unit number:

Unit 41 - 27:	Deaf, deaf/blind, and hearing/non-oral residents, age 10 to 15. Need self-help skills training, community experience, communication training, gross motor.
Unit 40 - 28:	Deaf and hearing/non-oral residents, age 15 and up. All levels of functioning.

Describe available learning experiences and responsibilities/expectations:

A student could have many varied opportunities in that our program has residents at all levels of functioning. They all lack communication skills.

Supervisor: Betsy Bachman

Could assist in various classrooms. Ideas:

- Sex education
- Community living skills
- Art/music
- Relaxation training
- Follow up on community placements
- Family living skills
- Sensorimotor
- Play therapy/individual therapy
- Behavior modification
- Recreational activities

BB:ga
9-15-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Social Work
Name of Supervisor:	Lorelle Banzett
Title of Supervisor:	Psychiatric Social Worker (M.A.)
Office Location:	Home 6, Room 105
Telephone Number:	2185

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Defensive driving.

Maximum number of students that can successfully be accommodated: Two.

Indicate student level will take (A.A., B.S., M.S.):

A.A. and B.S.

Describe population student will be working with, including unit number:

Unit 68: Schizophrenic, autistic and some MR currently ranging from 3-7 years, most nonverbal, gross and fine motor problems, co-ed, learning disabilities, below developmental level in self-care skills and social skills.

Unit 73B: Schizophrenic, autistic, ranging currently from 6-15 years, co-ed, verbal and nonverbal, below developmental level in self-care and social skills, some aggressive and self-abusive behavior.

Describe available learning experiences and responsibilities/expectations:

Student will be exposed to and participate in, as much as possible, the experiences of a social worker on these two units. Activities in which a student may be involved include the following: admission screening, placement planning, parent training, treatment team conferences, design and application of behavior change programs, educational programs (including attentional, imitation, discrimination and preacademic training as well as academic). Emphasis in any particular area will depend on the student's interests and capabilities. Since both units make extensive use of behavior modification in treatment, student should be interested in learning and using these techniques. Some prior knowledge would be helpful but is not necessary.

LB:ga

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Social Work

Name of Supervisor: Suzanne Lawley

Title of Supervisor: Psychiatric Social Worker - Unit Coordinator

Office Location: Unit 75B

Telephone Number: 2500; or 2593 (unit office)

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Good if defensive driving permit is in possession. Willing to work one evening a week.

Maximum number of students that can successfully be accommodated:

Three.

Indicate student level will take (A.A., B.S., M.S.):

Any.

Describe population student will be working with, including unit number:

Unit 75B. Acting-out behavioral disorder preadolescent females, age 10-15 years.

Describe available learning experiences and responsibilities/expectations:

1. Co-lead small and large group psychotherapy.
2. Participate in individual psychotherapy with this social worker as co-therapist.
3. Design and implement individualized behavioral treatment program.
4. One-to-one relationship with up to four different girls.
5. Attend admission and preadmission screening of girls.
6. Write a placement packet; visit placements.
7. Participate in family therapy sessions when available.
8. Participate in unit meetings, staff meetings, and case reviews.

SL:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Social Work

Name of Supervisor: Phil Paulsen

Title of Supervisor: Psychiatric Social Worker

Office Location: Home 6, Room 205

Telephone Number: 2517

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> Able to work split rotation involving at least eight hours per week in on-cottage assignments. This is to include at least one evening per week involved in normal cottage functions and activities. May also work on own projects. Remainder of rotation to be small group co-leaders and one-to-one's.

Maximum number of students that can successfully be accommodated: Two.

Indicate student level will take (A.A., B.S., M.S.): Any level.

Describe population student will be working with, including unit number:

> Unit 571-A: Adolescent boys ages 12 to 16 years. Primary problems are behavioral, aggression, avoidance, inability to get along with peers, school failure, run away, family conflicts.

Describe available learning experiences and responsibilities/expectations:

> Students are expected primarily to learn the appropriate techniques for handling teenage boys: Limit setting, crisis, counseling, confrontation, supportive therapy, diagnostic evaluation, and interpretation of behavioral acting out.
>
> To learn about family dynamics. Interact with families in admissions, and family conferences. To do at least one individual and small-group therapy assignments. To be a part of the unit team.
>
> It is a hard unit and very taxing, but it is also a fun unit.

PP:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Social Work

Name of Supervisor: Mark Richman, Ph.D.

Title of Supervisor: Psychiatric Social Worker

Office Location: Unit 573-A

Telephone Number: 2137

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> The unit's weakest areas are p.m.s and weekends. Students have been carrying two weekly p.m. activity groups, and we would like to see them continue in the coming school year.

Maximum number of students that can succesfully be accommodated: One

Indicate student level will take (A.A., B.S., M.S.): A.A. or B.S.

Describe population student will be working with, including unit number:

> Unit 573-A houses 22 children of diagnoses ranging from nonverbal, no self-care skilled autistic children, to middle functioning childhood schizophrenics, to the verbal, high functioning children with diagnoses of aggressive reaction of childhood.

Describe available learning experiences and responsibilities/expectations:

> The student will have an opportunity to participate in therapeutic activities with the unit psychologist, social worker, MBIB therapist, and speech pathologist, as well as conduct some activity on his own with supervision. Some of the group therapies run by psychologist and social worker within which the student could participate as cotherapist include bicycle safety, Cub Scouts, sex education group, small group psychotherapy, table game, creative courtyard play, gym program, and movement therapy. The MBIB therapist, Sharon Rosenthal, has always invited participation in her weekly programs on the unit; and Henry Ingram, our speech pathologist, has worked with students who show some interest in this area. Weekly supervisory-consultation sessions are available.

MR:ga
6-30-76

COMMUNICATION DISORDERS--
SPEECH PATHOLOGY
ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Speech and Language with Psychotic/Autistic Children

Name of Supervisor: Alan Friedman

Title of Supervisor: Teacher, Speech Correction and Development

Office Location: 573-B

Telephone Number: 2574 or 2249

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Be available for majority of weekdays between 9:00 a.m. and 3:00 p.m.

Maximum number of students that can successfully be accommodated: Three or four.

Indicate student level will take (A.A., B.S., M.S.):

B.S. and M.S. (Will consider A.A., also.)

Indicate population student will be working with, including unit number:

Unit 573-B: Psychotic/autistic children, males and females, ages 7 to 15 years. Some verbal, few nonverbals, some aggressive, some tantrums.

Describe available learning experiences and responsibilities/expectations:

Diagnostics/evaluations (testing PPVT, ITPA, etc.).

Behavior modification (discrete trials), shaping, etc.

Group and individual sessions--receptive/expressive.

Social skills training.

Possible deaf education (Aural Rehab.)--if any deaf child is on unit.

Some self-care skills and language skills.

AF:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Speech and Language

Name of Supervisor: Henry G. VanLierop

Title of Supervisor: Speech Pathologist

Office Location: Children's Center Annex, Room 3

Telephone Number: 2347

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

--

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.):

Student level important only as it relates to class schedules.

Describe population student will be working with, including unit number:

Unit 75A: Twelve- to fifteen-year-old boys. Approximately half are chronic schizophrenic children, prelanguage to elementary language skills. Other half consists of higher functioning, acting-out, and borderline psychotic boys.

Describe available learning experiences and responsibilities/expectations:

Work with five to six children in individual therapy. Sessions will deal with increasing receptive language skills and some expressive skills. Rotation will consist of practical experience using speech and language therapy techniques, rationale for their use, and theoretical background necessary to provide student with some opportunities to judge effectiveness of treatment and suggest changes, modifications, etc.

HGV:ga
6-30-76

SPECIAL PROGRAMS

SENSORIMOTOR PROGRAM

ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Adolescent Program (5-A)--Sensorimotor Program

Name of Supervisor: Sandi Richman

Title of Supervisor: Registered Occupational Therapist

Office Location: Gross Motor Room (No room number)

Telephone Number: 2597

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

No special conditions. 8:30 to 11:30 a.m. daily, except weekends.

Maximum number of students that can successfully be accommodated: Four.

Indicate student level will take (A.A., B.S., M.S.): All levels.

Describe population student will be working with, including unit number:

Unit 64: High-functioning autistics (developmental age 6+).
Unit 66: Low-functioning autistics (developmental age 6 and below).

The students will be working with males and females from the above two units.

Describe available learning experiences and responsibilities/expectations:

The students will be given ongoing supervision in the field of sensorimotor integration (basically Ayres theory). They will be introduced to reading material in this area concerning philosophy, treatment techniques, and evaluations. The students will have the opportunity to test patients, write up treatment plans, and carry out treatment under my supervision.

I will be available at all times to direct the student, answer questions, and give suggestions.

Patient-therapist ratio is 1:1 or 1:2, so each student will be assigned individual patients to work with.

SR:ga
6-30-76

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Sensorimotor (MBIB)

Name of Supervisor: Sharon B. Rosenthal

Title of Supervisor: Physical Therapist

Office Location: Home 6, Room 101

Telephone Number: 2801; or C.U. Library, 2119

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> Must be able to work the limited hours MBIB operates. This can be worked out. Monday, Tuesday, and Thursday - 8:00-2:30; Friday - 8:45-2:15; plus an additional time for supervisor time if possible.

Maximum number of students that can sucdessfully be accommodated:

> Four or five.

Indicate student level will take (A.A., B.S., M.S.):

> All levels.

Describe population student will be working with, including unit number:

> Autistic, schizophrenic, behavioral/acting out, etc. High and low functioning, from Units 68, 69B, 73A, 73B, 75A, 75B. Age range up to 12 with a few older children.

Describe available learning experiences and responsibilities/ expectations:

> Introduction to sensory integration therapy and its application to emotionally disturbed children.
>
> Experience with clinical observation testing, evaluation of testing, writing treatment program and implementation of treatment.
>
> Ongoing informal lectures concerning the whys of treatment procedure.
>
> Opportunity is given for the student to try "his own thing" within the realm of sensorimotor.

SBR:ga
6-30-76

COMPENSATORY EDUCATION

ROTATIONS

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Compensatory Education: Language

Name of Supervisor: Kathy O'Neill; M.A.

Title of Supervisor: Child Mental Health Specialist

Office Location: Unit 68

Telephone Number: Ext. 2568 during a.m.; 2485 in p.m. (2:30-5:30)

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> Must be available to work from 8:00 a.m. to 12:00 noon, Monday-Friday. These are the only hours that the supervisor will be on Unit 68.

Maximum number of students that can successfully be accommodated:

> One.

Indicate student level will take (A.A., B.S., M.S.):

> Second-year B.S. or M.S.

Describe population student will be working with, including unit number:

> Unit 68: Children 4-8 years. Most of the unit population (at the present time) is nonverbal with very few social or academic skills.

Describe available learning experiences and responsibilities/expectations:

> The student will be working closely with the nursery school and kindergarten programs.
>
> Possible areas in which the student may work might include: teaching expressive and receptive language skills; preacademic skills; self-care skills; group language exercises; and possibly testing.

KO:ga
6-30-76

COMMUNITY SETTINGS

CALIFORNIA LEARNING CENTER OF VENTURA

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Testing and Teaching

Name of Supervisor: Mariaemma Pelullo, M.S.

Title of Supervisor: M.S. Special Education; Child Mental Health Specialist

Office Location: California Learning Center of Ventura
1484 East Main Street
Ventura, California 90003

Telephone Number: (805) 648-7981

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

After 2:30 p.m. weekdays; some evenings; Saturday mornings.
(No Fridays!)

Maximum number of students that can successfully be accommodated: One.

Indicate student level will take (A.A., B.S., M.S.): M.S.

Describe population student will be working with:

Ages five years to seventeen years.

Learning disabilities, slow learners, perception problems, motor problems, developmentally delayed.

Describe available learning experiences and responsibilities/expectations:

Students will learn to administer appropriate tests; work up results; design individualized programs for students to remediate reading, math, perception, motor problems, etc.

MP:ga
6-30-76

DUBNOFF CENTER

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: Clinical--Early Childhood Treatment Program

Name of Supervisor: Marcia K. Herrman

Title of Supervisor: Director of Training

Office Location: Dubnoff Center, 10526 Victory Place, North Hollywood

Telephone Number: (213) 877-5678 or (213) 984-3604

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Ability to work in North Hollywood, four days a week minimum, 8:30-1:00. Graduate students with prior experience with young children and knowledge of child development. Male and minority students preferred, all other qualifications being equal.

Maximum number of students that can successfully be accommodated: Two.

Indicate student level will take (A.A., B.S., M.S.): M.S.

Describe population student will be working with:

Eighteen months to five years. High-risk children displaying varied emotional and physical handicaps.

Describe available learning experiences and responsibilities/expectations:

Intensive cross-disciplinary program in working with high-risk children whose families represent the entire socioeconomic and educational range.

Practical experience in on-site teaching with toddlers and preschoolers.

Seminars on developmental evaluation of children, intervention techniques, case presentations, group supervisory sessions, and individual conferences.

MKH:ga
6-30-76

CHILDREN'S HOSPITAL OF LOS ANGELES

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Community--Medical Services to Children
Name of Supervisor:	Margie Wagner
Title of Supervisor:	Patient Activity Director
Office Location:	Children's Hospital of Los Angeles Division of Psychiatry Los Angeles, California
Telephone Number:	(213) 663-3341 - Ext. 2853

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

Flexible schedule; able to work a minimum of two full days per week.

Maximum number of students that can successfully be accommodated: Ten

Indicate student level will take (A.A., B.S., M.S.): B.S. or M.S.

Describe population student will be working with, including unit number:

1. Adolescent Unit: Population ranges in age from 12 to 18, acutely ill, chronic diseases and repeated rehospitalization.
2. Rehabilitation Unit: No acutely ill, range in age from infancy to adolescents, extended hospitalization necessary.
3. Fourth Floor Playroom: General medical floor including hemotology, isolation and therapeutic preschool involving parents.

All programs have cancer/leukemia patients.

Describe available learning experiences and responsibilities/expectations:

This placement is appropriate for students who desire an experience with children and parents under stress due to medical problems major to the child.

Supervisor: Margie Wagner

Patients are reviewed daily with the students, in terms of name, age, diagnosis and individual needs. After an initial period of observation, students are asked to be responsible for special assignments and self-selected experiences. The students participate in individual, group, and family play and activity to elicit feelings regarding hospitalization, surgery, doctors, dying, disease and other emotions related to more pleasurable activities, i.e., cooking, singing, art, etc.

MW:ga
9-15-76

VENTURA COUNTY HEAD START

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Community--Ventura Head Start
Name of Supervisor:	Mary L. Renta, M.S.
Title of Supervisor:	Mental Health Coordinator; Child Mental Health Specialist
Office Location:	Ventura Head Start Loma Vista Road Ventura, California
Telephone Number:	(805) 647-9781

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

> Flexible schedule; no weekends, but occasional parent-group meeting in evening.

Maximum number of students that can successfully be accommodated: Two

Indicate student level will take (A.A., B.S., M.S.): Any level

Describe population student will be working with, including unit number:

> Children from age three to age six who, due to income level and other criteria, are qualified to enter this federally supported program.

Describe available learning experiences and responsibilities/expectations:

1. Assist Mental Health Coordinator with program component operations.
2. Administer and evaluate diagnostic testing appropriate for child's needs or refer child to appropriate service.
3. Assist with part of parent's education and counseling.
4. Assist in Head Start classroom. Develop curriculum and implement it.
5. Evaluate child's progress in classroom or counseling.

MLR:ga
9-15-76

DEPARTMENT OF HEALTH

CONTINUING CARE SERVICES SECTION

(CCSS)

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation:	Community--Health Department--Continuing Care Services Section (CCSS)
Name of Supervisor:	James E. Renfroe
Title of Supervisor:	Area Administrator
Office Location:	State Department of Health Continuing Care Services Section 3418 Loma Vista Road, Suite A Ventura, California 93003
Telephone Number:	(805) 644-2231

Indicate any special conditions (i.e., able to work p.m.s/weekends, sex preference, have defensive driving, etc.):

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Maximum number of students that can successfully be accommodated --

Indicate student level will take (A.A., B.S., M.S.): --

Describe population student will be working with, including unit number:

This rotation involves working under the supervision of the staff and Area Supervisor at the Ventura office, Continuing Care Services Section of the State Department of Health.

Describe available learning experiences and responsibilities/expectations:

The activities involved include:

Office organization--management of records and files; casework involvement through participating in placement interviews and visiting residential care facilities; involvement in community programs through attendance of meetings of citizens' advisory boards such as Area Board Meetings, and Tri-Counties Regional Center Meetings; attendance of community program activities; attendance of departmental meetings and training programs.

JR:ga
9-15-76

UNIVERSITY OF CALIFORNIA, LOS ANGELES
INFANT STIMULATION PROGRAM

CHILD MENTAL HEALTH SPECIALIST TRAINING PROGRAM

Type of Rotation: UCLA Intervention Program -- Nursery school for developmentally delayed infants and children under three

Name of Supervisor: Dorli Burge (or)
Margaret Waldon (as of July 1, 1977)

Title of Supervisor: Head Teacher

Office Location: UCLA Rehabilitation Center
1000 Veteran Avenue
Los Angeles, California 90025

Telephone Number: (213) 825-4821

Indicate any special conditions (i.e., able to work p.m.s/ weekends, sex preference, have defensive driving, etc.):

Program hours: 9:00-12:30 - Five days a week
1:30- 4:00 - Two afternoons (Tuesday, Thursday)

Maximum number of students that can successfully be accommodated: three or four

Indicate student level will take (A.A., B.S., M.S.): B.S. or M.S.

Describe population student will be working with, including unit number:

Infants and children with a variety of handicaps: cerebral palsy, Down Syndrome, retardation--chromosomal disorders, autism. Parents are involved in a variety of ways. Up to ten children in the morning group; up to eight children in the afternoon group.

Describe available learning experiences and responsibilities/expectations:

1. Work with individual children in the nursery school setting.
2. Write observational notes and educational plans.
3. Participate in staff meetings.
4. Share experiences in working with child with the parents.
5. Set up and conduct group activities with small groups of children.